



CHILD INFORMATION

Child's Name _____ Birth Date _____ Gender _____
 Address _____ Phone Number _____

Mother's Name _____ Email _____
 Address _____ Home Phone _____
 Place of Employment _____ Work Phone _____
 Cell Phone _____

Father's Name _____ Email _____
 Address _____ Home Phone _____
 Place of Employment _____ Work Phone _____
 Cell Phone _____

Legal Guardian or Custodian Other Than Parent, if Applicable

Name _____ Home Phone _____
 Address _____ Work Phone _____
 Place of Employment _____ Cell Phone _____

Persons Authorized to Pick Up Child at The TreeHouse Growing and Learning Center & The Study Loft Locations

Name _____ Home Phone _____
 Cell Phone _____
 Name _____ Home Phone _____
 Cell Phone _____

Family History

Marital Status of Parents: Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐
 With whom does the child reside? Both ☐ Mother ☐ Father ☐ Legal Guardian ☐

In addition to the parents/legal guardian, who resides in the household?

Name _____ Age _____ Gender _____ Relationship _____

Attendance Schedule at TreeHouse: Full time ☐ 3 Days per week ☐ 2 Days per week ☐ Drop in ☐

*If part time please indicate days child will attend The TreeHouse _____

Elementary child will need transported to _____ AM/PM ☐ AM Only ☐ PM Only ☐