



## Sequoia's Treehouse Enrollment Form

Room Requested \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Days requested \_\_\_\_\_

Half Day AM hours requested (6:30am-12:30am) \_\_\_\_\_ PM hours (12:30pm-6:30pm) \_\_\_\_\_

Child's Name (First & Last) \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Child lives with \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Others: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

### EMERGENCY CONTACT (NON-PARENT/GUARDIAN)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

List all persons authorized to pick up child (**including** parents/guardians)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Dental Exam \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Special Circumstances of child (**allergies, medication, physical restrictions, behavior trends, special accommodations, etc. SHOULD be listed here**)

**Please complete backside also...Thank You!**

## PARENT/GUARDIAN AUTHORIZATION

YOUR CHILD'S PARTICIPATION IN Sequoia's Treehouse Preschool IS CONDITIONED UPON YOUR COMPLETION AND SIGNING OF THIS AUTHORIZATION. PLEASE READ IT CAREFULLY AND RETURN TO Sequoia's Treehouse Preschool AFTER YOU SIGN IT.

**Child's Name** \_\_\_\_\_

**Acknowledgment and Permission.** I recognize that participation in Sequoia's Treehouse Preschool activities, programs and field trips and the use of Sequoia's Treehouse Preschool facilities will involve potentially hazardous activities and strenuous exercise including, but not limited to, walking, running, jumping, climbing, swimming, and using equipment. I acknowledge that any or all of these types of activities could lead to serious injury and death. I hereby give my permission for my child to participate in all Sequoia Treehouse Preschool activities and programs.

**Medical Treatment.** I hereby give my permission for Sequoia's Treehouse Preschool staff members to give my child emergency treatment including, but not limited to, first aid and CPR. I also give my permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment. In the event I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I waive my right of informed consent to such treatment.

**INITIAL \_\_\_\_\_ Publicity Permission:** By initialing this section, I hereby give my permission for my child's picture to be used, without consideration of any kind, in publications or displays produced by or on behalf of Sequoia's Treehouse Preschool and/or media coverage of Sequoia's Treehouse Preschool activities.

**INITIAL \_\_\_\_\_ Sunscreen Application:** By initialing this section, I acknowledge that my child has no allergies or negative reactions to sunscreen and I hereby give my permission for members of the Sequoia's Treehouse Preschool staff to apply sunscreen to my child. If I do not initial this section, I acknowledge that many Sequoia's Treehouse Preschool activities take place outdoors, that my child will be exposed to sunshine, and that lack of sunscreen can put my child at risk of personal injury.

**Waiver & Release of Liability.** I acknowledge and assume all of the risks inherent in the activities described in this document and I hereby release and agree to hold harmless Sequoia's Treehouse, LLC, its agents, employees, owners, and directors from all claims for injury, death, property damage and expenses, including attorneys' fees, caused by or arising from my child's participation in Sequoia's Treehouse Preschool programs and use of Sequoia's Treehouse Preschool facilities.

I certify (or declare) that I am a parent or legal guardian of the above-named child and that I have authority to authorize the activities and actions, and to make the statements, waivers and releases, described above.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE SIGNED**