Green Tree
ACADEMY

APPLICATION FOR NEW ADMISSION/RE-ENROLLMENT

Only completed applications will be accepted. Submission of an application does not guarantee admission.

Enrollment Status: ☐ Re-Enrolling Student ☐ New Student		**Date of Application:**
Student's Name: Last Middle First		**Date of Birth:**
Social Security #:	**Sex(Male/Female):**	**Age:**
Place of Birth (City and State OR City and Country if outside US):		**Home Phone:**
Home/Mailing Address: Street City State Zip		
Race/Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander		
Father's Name: First Last	**Cell Phone:**	**Email Address:**
Address (if different than above): Street City State Zip		
Employer's Name and Address:		**Occupation:**
Mother's Name: First Last	**Cell Phone:**	**Email Address:**
Address (if different than above): Street City State Zip		
Employer's Name and Address:		**Occupation:**

Days and Times of Attendance: Please Indicate Arrival and Pickup Time for Each Day of the Week

Monday	Tuesday	Wednesday	Thursday	Friday

Name of Previous Childcare Center Attended (if any):	**Dates Attended:**
Center Address: Street City State Zip	

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Phone Number:	Fax Number:	Last Day Attended:
First Emergency Contact Person (other than parents): Name: Address:		Relationship to Student: Phone Number:
Second Emergency Contact Person (other than parents): Name: Address:		Relationship to Student: Phone Number:
Persons Authorized to Pick Up Student (i.e. Carpool): Name Address:		Relationship to Student: Phone Number:
Persons Authorized to Pick Up Student (i.e. Carpool): Name Address:		Relationship to Student: Phone Number:
Student's Primary Doctor:		Phone Number:
Preferred Hospital in Case of Emergency:	Address:	Phone Number:
1. Has the student ever had psychological testing or been screened for academic difficulties or learning disabilities? YES___NO___ If yes, please explain:		
2. Any health concerns (allergies, asthma, diabetes, etc.)? YES___NO___ If yes, please explain:		

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID (Please initial by each line)

_____I hereby authorize the staff representing Green Tree ACADEMY to give consent for any necessary emergency medical and First Aid care for my child _____, while he/she is in custody of Green Tree ACADEMY. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian.)

Parent/Guardian Signature _____ **Date**_____

AKNOWLEDGEMENT OF ACCURACY AND PERMISSION (Please initial by each line)

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_____I hereby attest all information in this application to be true and up to date. I understand that if this information is found to be inaccurate, my child's place in Green Tree Academy may be forfeited.

_____I give permission for Green Tree ACADEMY to take pictures/videos of my child (____YES _____NO) and to use those pictures as publicity and marketing for the school (_____YES ____NO). I understand that my child's name may or may not be used with the pictures/videos.

_____ I give Green Tree ACADEMY permission to take my child on walking fieldtrips and outings around the school property and vicinity. (A separate permission slip will be given out for each field trip involving travel to off premises sites.)

(_____YES____ NO)

Parent/Guardian Signature _____ **Date**_____