



Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 2026-2027 Preschool Program Enrollment Form

Thank you for your interest in the Tree House!

Use this form to tell us a little about your child as well as your goals for him or her.

You may list your class preferences, but we will use this questionnaire along with other considerations to help us make an appropriate/informed class assignment. Contact 442-6782 ext. 2 or email treehouse@hacmt.com for more info or to arrange a meeting with Tree House staff.

Please return this packet along with a **\$100 non-refundable check or cash** deposit to finalize enrollment.

### STUDENT INFO

Child's Name		Date of Birth
Gender	Age as of Sept. 10, 2026	
Allergies		
Other physical, medical, behavioral considerations		

### PARENT/GUARDIAN INFO

Mother's Name	
Cell Phone	Work Phone
E-mail	
Father's Name	
Cell Phone	Work Phone
E-mail	
Home address where student resides	
Mailing Address	
Number of siblings or other children in the household	

Office Use:	
Received by: _____	Date & Time: _____
Check #: _____	Amount: _____

Child's Name: \_\_\_\_\_

**Session Preference:**

Session Preference: (indicate first and second preferences below)

All accepted enrollments require a \$100 registration fee that is non-refundable.

**Morning Programs**      Age by Sept. 10, 2026

	<b>3-year-old class:</b> T/TH from 9:00-11:45 AM \$235
	<b>4-year-old class:</b> M/W/F from 9:00-11:45 AM \$270

**Afternoon Program**      Must be 5 by Jan. 1, 2027

	<b>PM 4/5 class:</b> T/W/TH from 12:15-3:00 PM \$270
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List any previous outside the home daycare or preschool experiences your child has had:

Describe your child's strengths. What comes easy to him or her and what things does he/she enjoy the most?

Describe your child's weaknesses. What is difficult for him or her? What activities does he/she not enjoy or has a hard time completing?

Describe your goals and hope for this school year. What would you most like to see your child develop throughout this year?

Describe your anxieties and any concerns. As a parent, what makes you most nervous about sending your child to preschool? How can we help? Include fears and anxieties from your child's perspective.

Tree House Learning Center loves community connections. Please tell us the occupation of the adults in your household. Do you have any personal ties to local businesses or programs that may be a helpful acquaintance to our program?

Child's Name: \_\_\_\_\_

Please read through the following items carefully. Your signature and registration fee is your acceptance of the following terms:

- 1) All students must be potty-trained and independent in the bathroom.
- 2) Student behaviors that pose a safety risk to themselves or others are not tolerated and may cause enrollment to be revoked.
- 3) Classroom management will be compassionate, yet firm. Actions and situations will be handled on a case-by-case basis and plans thoroughly discussed with parents.

Parent Signature
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The Tree House handbook, with complete program details and policies, is available upon request. A family copy will be presented at the parent orientation prior to the start of the school year. We encourage parents to schedule a meeting with teachers and to observe a class in action, when appropriate. We look forward to a fantastic year full of new discoveries!

# Medical Waiver and Consent Form



Child(ren) Last Name
Date Updated

Child's Full Name	DOB
Child's Full Name	DOB
Child's Full Name	DOB
Mother's Name	Phone Number
Father's Name	Phone Number
E-Mail Address	
Address (Street, City, Zip)	
Contact if Parent Can't be Reached	Relationship
Phone Number of Alternative Contact	How did you hear about us?
Allergies (Food, Medications, etc.)	
Insurance Carrier	Policy Number

I, the undersigned parent/guardian do hereby give consent for my son/daughter to participate in the training and activities provided by Helena Athletic Club, Inc. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. camp, clinic, out of town activities or events), I do hereby grant my permission to Helena Athletic Club, Inc., and or any of its staff members to seek immediate treatment for my child should he/she be injured or ill. I hereby release Helena Athletic Club, Inc., including its officers, shareholders, agents, coaches, and employees from any liability to the above named participant. In the event that any activities are locally or nationally televised or photographed, I give Helena Athletic Club, Inc. the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated with or in any way connected with said televised or promotional events or material.

- I understand that written notification of withdrawal must be provided on-line through the Parent Portal, by e-mail or withdrawal slip to the front desk (deposited into inside or outside locked box).
- A \$25 late fee will be applied to accounts not paid by the first of each month.
- Written notice of auto-pay termination must be made prior to the first of the month intending to withdraw.
- Proration, adjustments or refunds of monthly tuition will not be given.
- Enrollment will automatically be terminated after 3 consecutive unexcused absences.
- I understand that should I default on payment of my account and collection agency services are required, all costs of collections up to 45% of the balance, including attorney/court costs will be added to the balance of my account.

**Please sign here that you have read, understand and agree to the above policies.**

Parent/Guardian Signature \_\_\_\_\_

Print Name and Date \_\_\_\_\_



**EMERGENCY CONTACT & AUTHORIZED PICK UP**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Mother/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Father/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**Emergency contacts, other than parents/guardians, who are also authorized to pick up child/children.**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional persons authorized to pick up child/children, other than parents/guardians:**

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

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

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

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



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

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

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

## Program Acknowledgement & Disclosure

*To create the healthiest and safest environment possible, we ask that you read, initial, and adhere to each statement below.*

\_\_\_\_\_ I understand that Tree House Learning Center (THLC) will follow rules, regulations, and requirements, as well as recommendations of the CDC, State of Montana, and Lewis & Clark County Health Department.

\_\_\_\_\_ I understand that to enter THLC my child must be free from any possible illnesses. If, during class, any symptoms appear, I will be contacted and will pick up my child as soon as possible. Symptoms include, but are not limited to:

- |                               |   |
|-------------------------------|---|
| -Fever above 100 degrees F    | -Headache, body, or muscle aches                    |
| -Cough or shortness of breath | -Gastrointestinal issues (nausea/vomiting/diarrhea) |
| -Chills or fatigue            | -Sore throat, congestion, or runny nose             |

*If your child is at all unwell, please keep your child home from school. If your school-age child misses their regular school day, they may not attend the afterschool program that day.*

\_\_\_\_\_ I understand that to return to THLC after symptoms/illness, my child must be symptom-free without any medications for 24 hours.

\_\_\_\_\_ I understand that proper handwashing hygiene and the use of hand sanitizer will be utilized throughout the program day. I will assist my child with proper handwashing upon drop off and will wash or sanitize my hands if I stay on the premises.

\_\_\_\_\_ I understand that if my child has a medical condition causing *any* unexplained symptoms, I may be asked to provide a doctor's note explaining the situation.

\_\_\_\_\_ I understand that it is my responsibility to communicate these policies and procedures to anyone who will be dropping off/picking up my child. Furthermore, I will keep all parent and emergency contact information up to date.

\_\_\_\_\_ I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure to illness by following the practices outlined in this document.

\_\_\_\_\_ I understand that program closures may happen due to unforeseen circumstances, and I agree to pay my tuition in full.

\_\_\_\_\_ I understand that my child's name may be posted around the facility in the form of artwork and crafts or birthday recognition.

\_\_\_\_\_ I understand that my child may be transported to/from the Helena Athletic Club, utilizing their van, which includes booster seats, when necessary.

\_\_\_\_\_ I understand that my child may participate in walking field trips outside the facility, which may include visits to parks and neighboring businesses.

\_\_\_\_\_ I understand that my child may occasionally interact with children from the community while in your care.

\_\_\_\_\_ I understand that photos of my child may be shared around your facility.

\_\_\_\_\_ I understand that group photos including my child may be shared with other families in your care.

\_\_\_\_\_ I understand that photos of my child may be shared to the program's Shutterfly account, for the purpose of sharing photos taken throughout the school year with my child's class.

\_\_\_\_\_ I understand that photos/videos of my child may be shared on your website and/or social media sites, such as Facebook, YouTube, or Instagram.

\_\_\_\_\_ I understand that photos of my child may be used in marketing fliers.

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_, certify that I have read, understand, and agree to comply with the provisions listed above. If requested, I will be provided a copy of this signed agreement for my records.

Signature \_\_\_\_\_

Date \_\_\_\_\_