

First Day Checklist/Questionnaire

The Treehouse Learning Club

Phone: (513) 734-3300

Fax: (513) 734-0248

_____, _____ /___/20___ /___/20___
Child's Last Name Child's First Name DOB Start Date

1. Part Time or Full Time Care: PT FT

2. Days and Times of the week your child will attend:

Mon Tues Wed Thurs Fri

Drop Off ___:___ ___:___ ___:___ ___:___ ___:___

Pick Up ___:___ ___:___ ___:___ ___:___ ___:___

3. Method of Payment: County Assistance (Voucher) Private Pay

a. If using county assistance, which county? _____

b. Case Worker name and phone: _____ (____) ____-____

c. Case Number (if known): _____

4. How did you hear about us? _____

Check List

- Enrollment Form
- Medical Statement (must be signed by doctor with attached immunization records for all children not in school)
- Escort Form
- Infant Packet for children under 18 months of age
- Photo Release Form
- Medical Plan for any child with any medical condition
- Administration of medication for any medication to be given at the center
- Any applicable summer forms
- Blanket, sheet, and/or pillow and a change of clothes

All aspects of the Child's file must be complete before the child may start