

For Office Use Only

Date admitted: \_\_\_\_\_  
Admitted to grade: \_\_\_\_\_  
Registration: \_\_\_\_\_  
Seat fee: \_\_\_\_\_  
One-time fee: \_\_\_\_\_  
Immunization: \_\_\_\_\_  
Date withdrawn: \_\_\_\_\_



**THE LEARNING TREE**  
DEVELOPMENTAL CENTRE  
PHONE: 242-326-1109/242-455-5848

Picture  
Of  
Child

# Student Application

DATE: \_\_\_\_\_

Sex: Male [ ] Female [ ]

**Child's name:** \_\_\_\_\_

Birthday: \_\_\_\_\_ Present age: \_\_\_\_\_  
Month / day / year

Name of the person the child lives with: \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Home telephone: \_\_\_\_\_

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

Place of employment: \_\_\_\_\_ Email address: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Father's name:** \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Home telephone: \_\_\_\_\_

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

Place of employment: \_\_\_\_\_ Email address: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Name of alternative contact:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Return this completed application along with the following:

1. A recent photo of the child
2. A copy of the child's birth certificate / passport
3. \$75 registration fee (non-refundable/ one-time fee) \*\*accident insurance included\*\*
4. \$75 seat fee (non-refundable/ one-time fee)
5. A completed medical examination report (attached)
6. A copy of the child's immunization record
7. A signed childcare agreement form (attached)

# Persons Authorized to Pick-Up

Please list the names of persons authorized by the parents to pick up the child from school. Your child will not be released to anyone other than those on this list unless we receive direct permission from you.

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Prospective school?

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## Email Communication

The Learning Tree will send all letters, announcements and other communication from the school to you via email, whatsapp or facebook. Please provide the names, telephone number and e-mail addresses of those parents and guardians who should receive announcements from the school.

**\*\*\* At least one email address must accompany ALL Applications\*\*\***

**PLEASE PRINT NEATLY & CLEARLY**

_____ Name	_____ Telephone Number	_____ Email Address
_____ Name	_____ Telephone Number	_____ Email Address
_____ Name	_____ Telephone Number	_____ Email Address
_____ Name	_____ Telephone Number	_____ Email Address

**It is VERY important that parents check their email inboxes EVERYDAY. The Learning Tree will send ALL updates, notifications, letters, and important school announcements by email.**



# 2018/2019 Child Care Agreement

The following agreement is made between:  
The Learning Tree Developmental Centre  
#47 Montrose Ave. Nassau, Bahamas and

Parent's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Ph. \_\_\_\_\_

For the provision of child care for:  
Child's name: \_\_\_\_\_

## The terms of the agreement are as follows:

Term Fees Due dates:

- **Friday, August 3rd, 2018**
- **Friday, December 7th, 2018**
- **Friday, March 8th, 2019**

**Days & hours of Care:**

Monday to Friday 7:30am to 3:00pm

**FEES:** Fees for Care: \$ 800.00 per 12 wk. term

Fees are due and are to be paid by the TERM directly to the bank in advance according to the payment schedule (above). **ALL fees paid to The Learning Tree Developmental Centre are non-refundable**

**Fees which are not paid by the due date are subject to a late fee of \$10 per week.**

Parents may choose to make a financial agreement at the school if they are not able to pay the fees according to the term fee schedule.

**Financial arrangements MUST be requested BEFORE THE FEE**

**DUE DATE!**

**Graduation Fee: \$150.00 (One-time Fee)**

Annual Capital Development, Books, and Supplies:

Toddlers/K2 - \$300.00

K3 - \$320.00

K4 - \$350.00

K5 - \$400.00

**Paid once at the beginning of the year**

The Parent agrees to abide by all of the policies in the parent hand book and school brochure. The parents should supply these items: A nap mat & a towel for naptime, uniforms, extra snacks & lunch if not purchased from the school], an extra change of clothing, and classroom supplies listed in the parent handbook.

The school agrees to inform parents, in writing, of increases in fees, changes in policy, & unscheduled Centre closings that are not already on the school calendar. Notification will be given by the parent for vacation periods or extended absentee days during the school year.

**The School fee is payable whether the child does or does not attend School. There will be NO DISCOUNTS or REFUNDS of fees for Vacations, Sickness or Holidays or if a child is absent or removed from the school. The Learning Tree is not obligated to hold a child's seat after twenty (20) unpaid absentee days by the child.**

**AFTERSCHOOL CARE:** Students who are not picked up by 3:30 PM will be transferred to the afterschool care program. **The fee for this service must be paid to the teachers when the child is collected from school.**

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Signature of Director)

\_\_\_\_\_  
(date)

**This physical examination must be completed by your child's doctor or a medical clinic upon registration. Please have ALL sections completed and submitted with the application.**



**Date: \_\_\_\_\_**  
**Medical Examination**

**IMMUNIZATION RECORD MUST BE ATTACHED**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female   
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

*This section must be completed by a physician:*

PHYSICAL EXAMINATION: Height \_\_\_\_\_ Weight \_\_\_\_\_

Please describe the child's physical condition / health history: \_\_\_\_\_  
\_\_\_\_\_

Does the child have any allergies? \_\_\_\_\_

Does the child use any medications to control Asthma or an Asthmatic cough or wheezing?  
\_\_\_\_\_

Does the child have any behavioral / developmental conditions, learning delays or sickness?  
\_\_\_\_\_  
\_\_\_\_\_

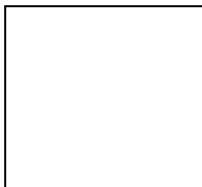
Do you consider this child fit to take part in activities at a child care center? \_\_\_\_\_  
\_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Stamp:



# Permission Slip

I hereby give permission for my child \_\_\_\_\_  
to participate in activities which may occur off the Learning Tree campus such as field trips and practice for  
school shows. I give permission for The Learning Tree to take my child on field trips for the  
\_\_\_\_\_ academic school year.

I understand that I will be notified one week prior to the field trip and I reserve the right to decline my child's  
attendance. I also give permission for my child to participate in indoor and outdoor activities at The Learning  
Tree Developmental Centre.

I am aware of, and assume all risks and hazards associated with activities while at school including  
transportation to and from field trips, playing on the playground and in the classrooms and do hereby waive,  
release and agree to hold harmless The Learning Tree and its staff, volunteers, and sponsors for any claims  
arising out of injury to my child or property damage that might occur.

The Learning Tree has permission to take my child to a physician / hospital to receive emergency treatment  
during the school year.

I understand that the school will contact me as to the location of the emergency treatment. Also, I agree that  
any photographs taken by The Learning Tree may be used for advertisement purposes on brochures and other  
literature distributed by The Learning Tree, and on its website.

Parent's signature: \_\_\_\_\_

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