



The Apple Tree School
17127 Red Oak Dr.
Houston, TX 77090
281-444-6707

2026 - 2027 Enrollment Record

Today's Date: _____
Starting Date: _____
School Program: _____

Child / Parent Information

Child's Name: _____ Nickname: _____ Sex: M/F Age: _____ D.O.B.: _____
Child's Home Address: _____ Subdivision: _____
Street City Zipcode
Mother's Name: _____ S.S.N.: _____ Driver's Lic No. #: _____
Mother's Home Address: _____ Home Phone #: _____
Mother's Employer: _____ Occupation: _____ Office Phone #: _____
Mother's Email: _____ Cell Phone #: _____
Father's Name: _____ S.S.N.: _____ Driver's Lic No. #: _____
Father's Home Address: _____ Home Phone #: _____
Father's Employer: _____ Occupation: _____ Office Phone #: _____
Father's Email: _____ Cell Phone #: _____
Names of Brothers & Sisters and their ages: _____
Are parents living together _____, separated _____, or divorced _____?
Who is legally responsible for the child? Mother & Father _____, Mother only _____, Father only _____
Grandparents _____, Guardian (specify) _____, Other _____

Parent Acknowledgements

I acknowledge that The Apple Tree School has provided me with "Parents Policies and Procedures" and has discussed its contents with me.

Parent or Legal Guardian: _____ Date: _____

Parent Enrollment Agreement

In return for services at The Apple Tree School, I agree to pay the *non-refundable* annual registration fee of \$ _____, *non-refundable* annual supply fee of \$ _____ and the weekly tuition amount of \$ _____ every Monday / the 1st of each month / 1st & 15th each month / in advance. I have read and accepted the policies and procedures of The Apple Tree School. **I understand that my child's tuition is due in full every month regardless of any absences for any reasons, including December.** I understand that one month written notice is required to withdraw a student before August.

Parent or Legal Guardian: _____ Date: _____

Special Information

Are there any special problems, issues or situations regarding your child that The Apple Tree School should be aware of such as allergies, existing illness, past and recent injuries, past hospitalization, any current medication or any medication prescribed for long-term continuous use or any other specific information that would enable the staff at The Apple Tree School to provide the best care for your child:

Authorizations

Escorts

You are authorizing The Apple Tree School to allow your child to leave the school ONLY with the persons listed below. Your child will not be released to any other person without specific written or verbal permission. In an emergency, the parent must call the school to give the name of and other identifying information about the person picking up the child. Driver's license must be presented for verification.

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I hereby authorize The Apple Tree School to seek emergency medical attention for my child. I have informed The Apple Tree School of any existing health problems or concerns including past hospitalizations.

I authorize The Apple Tree School to take my child to the Licensed Physician / Hospital / Clinic noted below and I give my consent for necessary emergency treatment when my child is in the their care.

Name of Licensed Physician _____ Address _____ Phone # _____

Northwest Medical Center OR Hospital / Clinic _____ Address _____ Phone # _____

Administering Of Children's Tylenol

I authorize The Apple Tree School to give "Children's Tylenol" to my child: YES _____ NO _____

Water Activities

I give consent for my child to participate in water activities: YES _____ NO _____

Field Trips

I authorize The Apple Tree School to transport my child to/from field trips: YES _____ NO _____

Parent or Legal Guardian: _____ Date: _____

Photographic Release

I give permission to The Apple Tree School to photograph / videotape my child and use the resulting photograph/ videotape for any lawful activities. I relinquish all rights, title and interest in the finished photographs, negatives and videotape film.

Parent or Legal Guardian: _____ Date: _____

School-age Children

My child attends the following school: _____ School Phone# _____

School Address _____

My child's REQUIRED RECORDS for immunizations, vision and hearing are on file at the school.

My child will be picked up and dropped off by The Apple Tree School.

Parent or Legal Guardian: _____ Date: _____