The Giving Tree

Cultivating a lifelong love of learning

Please print and fill out form as completely as possible.

Date: _____

Child's
Name_____Birthdate_____

Guradian(s)_____

Address: _____City: _____Zip: Code_____

Home Phone_____

Mothers Name_____ Fathers Name_____

Cell Phone_____ Cell Phone_____

Email_____ Email _____

Work Phone_____ Work Phone_____

Start Date_____ How did you hear about us_____

Enrolling In: Infant___ Toddler____ Preschool_____ Pre-Kindergarten_____

Approximate hours of Care: Drop Off_____ Pick Up _____

Deposit Amount_____+75 Registration Fee_____

Pay by: Cash___ Zelle ___ Check___ Check Number _____

Tuition Amount Bi-weekly_____ Monthly_____ Initials_____

The Undersigned have read, understood, and agreed to the terms and conditions of the parents' handbook as outlined in the 2025 edition.

Guardian_____ The Giving Tree _____

Emergency Contact Information:

Other Person(s) to notify if Parents/Guardians cannot be reached:

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____

Authorized Pick Up:

Other People authorized to pick up your children

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____