The Giving Tree
Infant Enrollment Contract

Enrollment Date_____

Child's Name: _____ Birthdate_____

Guardian(s)_____

Address_____

Home Phone_____

Parent #1 _____Parent #2 _____
Cell Phone _____ Cell Phone_____
Email _____ Email _____
Work _____ Work _____
_____ _____

Enrolling in:

Approximate Hours of Care Drop Off_____ Pick Up_____
** Infant deposits are non-refundable due to the limited number of open spots.

Deposit Amount_____+$75.00 registration fee=_____
Check Number_____ Zelle_fpgivingtree@gmail.com_____

The undersigned have read, understood, and agreed to the terms and conditions of the parent handbook as outlined in the 2025 edition.

_____ _____
Guardian The Giving Tree, Inc.