



The Laurel Tree Academy Application for Enrollment

This application represents a request for admission to The Laurel Tree Academy. A **non-refundable** registration fee of \$75.00 (\$100 per family) must accompany this form along with a **non-refundable** deposit equal to one week's tuition. This deposit will be applied to the child's last week of enrollment providing 14 days notice of withdrawal is given **in writing**. **Deposits are not refundable should enrollment be withdrawn prior to starting.**

Child's Name _____ DOB _____

Child's Address _____

Requested Start Date: _____ Days attending: M T W Th F Hours Attending: _____

Does your child have any medical, behavioral or developmental concerns that we should be aware of ?
(Please include any food sensitivities, allergies or asthma. Allergies or asthma requiring medication require an allergy or asthma treatment plan completed by your doctor.)

Family Physician _____ Phone _____

Parent/Guardian 1:
Name _____ Contact Phone #: _____

Address _____ email: _____

Business Name & Address _____ Business Phone _____

Parent/Guardian 2:
Name _____ Contact Phone #: _____

Address _____ email: _____

Business Name & Address _____ Business Phone _____

Custodial Information & Acknowledgement:

*I/We are the legal parents/guardians of the above named child and understand that providing both parents/guardians information gives both parties the right to pick up the above mentioned child at any time. If custody circumstances change for any reason, The Laurel Tree Academy must be notified in writing and provided with documentation by the proper authority.

*I/we understand The Laurel Tree Academy must be notified if any other person has a legal relationship to the above named child or if there is any legal document that affects custody of this child and we must provide a copy of such documents, including court ordered custody documents, restraining orders or protection orders. We agree to provide The Laurel Tree Academy updated documentation of any changes as necessary.

How did you hear about The Laurel Tree Academy? _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Date: _____ Registration Paid: \$ _____ Deposit Paid: \$ _____
Location: Mount Laurel Lumberton Discounts applied: _____