

Admission Application



Date: _____ Pre-K 3 day Kinder 4 day 5 day First 5 day

Applicant Name: _____
First Middle Last Nickname

Birthdate: _____ Male: _____ Female: _____ Race: _____
(School is occasionally asked to submit demographic information and would like to use classification preferred by family)

Present Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone: _____ Family Email: _____

Parent Information:

Name: _____ Single Married Separated
Last First MI Divorced Remarried Deceased

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Occupation: _____ Education Level: High School College Other

Email: _____

Parent Information:

Name: _____ Single Married Separated
Last First MI Divorced Remarried Deceased

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Occupation: _____ Education Level: High School College Other

Email: _____

Guardian's Information (if different than parents):

Name: _____
Last First MI

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Relationship to student: _____ Work Phone: _____

Email: _____

With whom does the student reside with? (check all that apply) Mother Father Mother and Father
 Mother and Step Father Father and Step Mother Guardians Grandparents

Other: _____

Applicant/Family Information:

How did you hear about Tiny Tree School? _____

Personal Reference from: _____

Please state your reasons for wishing to enroll your child at Tiny Tree School: _____

Please list the names and ages of other children in the family:

Name Age Name Age

Name Age Name Age

Name Age Name Age

In order for us to provide the best experiences for your child, we want to know as much about your child as possible. Please check the following characteristics that BEST describe your child:

- Enthusiastic Attentive Self-Conscious Temper Outburst Outgoing
- Withdrawn Easy Going Indifferent Easily Frustrated Selfish
- Picky Eater Moody Self-Confident Carefree Short Attention Span

Please indicate your child's general health: Excellent Good Fair Seasonal

Does your child take any medications on a daily basis? Yes No

If yes, please explain: _____

Does your child wear glasses? Yes No When? _____

Has your child be assessed or referred for any of the following (if yes, please list and attach results):

Vision Assessment Yes No Allergy Test Yes No Occupational Therapy Yes No
Hyperactive Assessment Yes No Physical Therapy Yes No Scoliosis Assessment Yes No
Hearing Assessment Yes No Diabetic Screening Yes No Attention Deficit Disorder Yes No
Speech-Lang. Therapy Yes No Counseling Yes No

Results: _____

Does your child frequently suffer from any of the following:

Colds Yes No Nose Bleeds Yes No Heat Exhaustion Yes No
Headaches Yes No Stomachaches Yes No Sinus Infection Yes No
Ear Infections Yes No High Fevers Yes No Respiratory Infection Yes No
Asthma Yes No Seasonal Allergies Yes No

Is your child highly reactive to sugar, food coloring, have food allergies or allergies to medication?

Yes No If yes, please list: _____

Are there any physical handicaps which would limit your child's participation in school or school related activities?

Yes No If yes, please explain: _____

Has he/she had any serious illnesses or surgery?

Yes No If yes, please explain: _____

Has there been any recent experience which may have affected your child (i.e. illness, death, divorce)?

Yes No If yes, please explain: _____

How many hours a week is your child and/or family involved in extracurricular activities (i.e. sports, private lessons)? _____

Nondiscriminatory Policy

Tiny Tree School admits students of any race, color, national, and ethnic origins to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and other school administered programs.

Previously Attended Schools and/or Daycares:

Name of School: _____ Years attended: _____

Address: _____ Teacher Name: _____

Name of School: _____ Years attended: _____

Address: _____ Teacher Name: _____

If you or your child has experienced any previous difficulty in school and/or daycare programs, please note the nature of the difficulty: _____

To the best of my knowledge all the information contained on this form is accurate.

Signature of parent/guardian

Date

Please return this completed application and non-refundable \$150 enrollment fee to:

Tiny Tree
258 W. Spoke Hill Road
Wimberley, Texas 78676
512.947.7625

Please make checks payable to: Tiny Tree