ENROLLMENT AGREEMENT

Child's Name _____ D.O.B _____
Last First

Address _____
Street Town Zip Code

Father's Name _____ Home Tel. _____

Business Name _____ Bus. Tel. _____

Business Address _____

Mother's Name _____ Home Tel. _____

Business Name _____ Bus. Tel _____

Business Address _____

Name and Telephone number of a person to be contacted in case of emergency, other than mother and father.

_____
Name, relation to child Number

Enrollment desired:

Number of Full Day _____ at $ _____ per week

Number of Half Days _____ at $ _____ per week

Standard conditions of enrollment

1. I understand and agree to the terms regarding fees and general information of Pine Tree policy.
2. In case of emergency, permission is granted to Pine Tree to consult a local physician and/or have the child transported to Central Suffolk Hospital.
3. I will provide specific information to assist the facility in caring for this child.
4. Pine Tree Day Nursery does not provide transportation and is not responsible for any child in route to and from the facility.

Agreed: _____ Date: _____