

THE LEARNING TREE DAY SCHOOL, INC

ADD CHILD TO EXISTING PROCARE ACCOUNT

Please use this form to add a child to an existing Procure account. Please complete this form and scan it to admin@tltds.com. Also, go to www.tltds.com and upload a photo (head shot only) of the child.

Your Last Name	<input type="text"/>
Your First Name	<input type="text"/>
Your Address	<input type="text"/>
Your Phone Number	<input type="text"/>
Your Date of Birth	<input type="text"/>
Child's Lastname	<input type="text"/>
Child's Firstname	<input type="text"/>
Child's Date of Birth	<input type="text"/>
Child's Gender	<input type="text"/>
Child's Address	<input type="text"/>

For which location are you enrolling this child (Riverdale or Fayetteville)?

I am enrolling this child in (ie. 1-year, 2-year, etc)?

Please indicate the desired start date for this child.

Which County does this child lives in ?

Does this child receives any of the following services ? If so, copies of proof must be provided to the center? (ie, CAPS, Food Stamps, etc)

Does your child have an IEP (Independent Education Program) ?

If you are enrolling your child in the After-School program, will he or she need the Before-School service (transportation to school) ?

If you are enrolling your child in the After-School Program, which school does he or she attends ?

If you are enrolling your child in the After-School Program, what time does he or she needs to be picked up ?

Please briefly describe what activities this child enjoys:

Is this child potty trained ?

Has this child ever been dismissed from a childcare center or home daycare ?

What other child care center(s) or home daycare center(s) this child attended ?

Child's Physician/Clinic Name and Telephone Number:

Date of last full health screening ?

If any, describe any medications this child is currently prescribed for long-term continuous use ?

Does this child have any special needs (and/or hyperactive) ? (Yes or No)

If this child has special needs, please describe

Does this child have any special dietary needs ? (Yes or No)

If this child have special dietary needs, please describe:

Please list known allergies of this child.

If you also selected "other" for allergies for this child, please describe:

If any, please describe any special accommodation(s) may be required to most effectively meet this child's needs while at the center ?

I will provide the Center Director a copy of this Child's Immunization record from the Physician and a Birth Certificate (Yes or No)

I will download and fully complete the CACFP Food Eligibility Form located on the center's website and give it to the Center Director. (Yes or No)

If this child is transferring from some other GA Pre-K Program, please list the School/Center and the last date in attendance:

If you are enrolling your child in Georgia Pre-K, the Social Security Number of this child is required:

If enrolling my child in the Georgia Pre-K Program, I understand I will need to download and complete GA Pre-K's General and Photo/Videotape releases. (Yes or No)

If enrolling my child in the Georgia Pre-K Program, I will provide the center an Eye-Ear-Dental-Nutrition Form (Form 3300) from my child's physician. (Yes or No)

I understand this child will not be added to the online Procure system without an uploaded photo (head shot only) of this child. (Yes or No)