



## Registration Information

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Enrollment

What year do you anticipate your child beginning kindergarten? 2020, 2021, 2022, 2023, 2024, 2025

Does the child live in one household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent's Marital Status: \_\_\_\_\_ Previous Childcare Facility: \_\_\_\_\_

### Primary Caregiver Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Secondary Caregiver Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**\*Parents, please note or circle above where to call while your child is in the care of Honey Tree. Home/Cell Phone or Work Number.**

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Honey Tree Preschool

## Schedule and Tuition Contract

Tuition is a financial commitment to Honey Tree Preschool. It ensures education and instruction for your child's development. As such, tuition is due each month regardless of illness, vacation, or absences caused by man-made or natural disasters, such as earthquake, fire, flood and pandemic.

Start Date \_\_\_\_\_ End Date (if seasonal) \_\_\_\_\_

My child, \_\_\_\_\_ attends Honey Tree Preschool:

Enter the number of days and circle the days attending, if less than 5 days.

Number of Days per week \_\_\_\_\_ MON TUES WED THURS FRI

Days your child attends may be reduced with a 30 day notice in writing via email to  
honeytree81623@gmail.com

Priority of days your child will attend will be based on current enrollment. We will do all we can to accommodate your schedule.

### Tuition Schedule:

Normal Care Hours 7:30am-6:00pm Late Fee: \$5.00 per minute after 6:00pm

Toddler \$72/day

Preschool 1 \$70/day

Preschool 2 \$69/day

Pre-K \$67/day

I (we) agree to pay per month for the tuition of my child \_\_\_\_\_  
(Name of child)

☐ 1st of each month

On the 5<sup>th</sup> a late payment fee of \$75 will be added to the overdue tuition.

**Tuition is due monthly.** Monthly tuition payments are due on the 1st of the month. If the 1st of the month falls on Saturday, Sunday or a holiday, tuition will be due on your child's next scheduled day.

**We DO have make up days.**

**No tuition credits are issued for days absent.**

**Late Tuition:** Tuition more than **14 days late** will result in a loss of your child's enrollment at Honey Tree Preschool.

I, \_\_\_\_\_ understand that monthly tuition is due regardless of my child's attendance or missed days. I have read and agree to the terms of the Schedule/Financial Commitment.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Notice:** A one-month notice in writing is required for parent termination of enrollment.

PLEASE submit all fees and tuition to the office in the tuition payment drop box. Tuition may also be mailed to 64 Favre Carbondale, CO 81623. If you are mailing tuition, please keep in mind, tuition is due on the **1st** day of the month your child attends Honey Tree Preschool.

**Additional charges may incur for the following reasons and will be paid within 30 days of the billing date:**

- Schedule Change - \$20 administration fee
- Late Pickup- \$5 per minute for each minute past the pickup time for your chosen tuition schedule.
- Extra days- cost per day of your chosen tuition schedule
- Returned check, EFT or Credit Card Decline- \$50

Summer activity charge to be determined in June and attached to your bill (children two and a half and older)

**I (we) agree to read and be accountable for Honey Tree Preschool policies as stated in:**

1. Family Handbook
2. \$5 fee for **NOT** signing your child in and out every day he/she attends Honey Tree
3. Financial Policies
- 4. Forms and Fees**
  1. Registration
  2. Registration & Material Fee- \$100 (annual fee)
  3. Tuition Deposit - \$300 (refundable with 30 day written notice for un-enrolling)
  4. Emergency Authorization
  5. Sunscreen Form
  6. Physician's Statement
  7. Immunization Record (updated)
  8. Field Trip Release

***If we have not received payment by the 2nd of each month your credit card will be debited. If we are unable to debit your credit card and have not received payment by the 5th of that month, we will ask that your child not attend school until payments are caught up.***

We must have a Credit Card on file for security:

\_\_\_ Visa                                      \_\_\_ Discover  
\_\_\_ Mastercard

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ (month-year)

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

---

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Liability for Tuition

The Honey Tree Preschool determines tuition in August when the budget is approved for the following year. Tuition is billed on a monthly basis, the first of each month. Each family will receive a bill by email or in their child's mailbox.

- Tuition is late if received after the 2nd of each month, if you pay monthly.
- Any account past due shall accrue finance charges at the rate of \$50 per month on the total balance from the date due until paid.
- The balance of any account 30 days past due will be charged to the credit card on file.
- Any account 31 days past due will result in a temporary dismissal of the student until the account is brought current. Any account past due may be turned over to a collection agency or attorney for collection. The undersigned shall be liable for all collection costs including reasonable attorney fees.
- Deposits will be refunded when accounts are current and in good standing.

Any questions about your bill should be addressed to the Honey Tree Preschool business manager. Tuition is based on a full day, and is consistent each month depending on the number of days per week your child is scheduled, regardless of school closure for holidays, snow days, illness, or family vacation time.

By execution and submission of this agreement, the undersigned hereby acknowledge that I (we) understand and fully accept foregoing terms of registration, tuition billing, and school policies related to the admission and retention of the above name child and agree to make monthly tuition payments required under the provisions hereof.

Should any controversy or dispute of any kind arise, which is related in any way to the child and/or his/her parent/ guardians and the Honey Tree Preschool, it will be submitted to final and binding arbitration in the State of Colorado according to the rules and practices of the American Arbitration Association from time to time in force. The submission to arbitrate shall be specifically enforceable.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS CONTRACT BEFORE YOUR CHILD STARTS SCHOOL.**

### **Honey Tree Preschool Enrollment Form for Automated Tuition Payments**

The authorization form allows us to bill your financial institution (or credit card) on the due date. There is no need for you to write checks, remember to drop off or mail them, or worry about late fees. Your record of payment will be listed each month on your banking or credit card statement and we will also provide you a complete statement of charges and credits each month.

Attach a voided check to the form and return it to us. If you prefer to pay by credit card just include the account number and expiration date.

**Credit cards will only be charged once per month.**

The service uses the Federal Reserve's electronic payment network used by financial institutions nationwide, so it is absolutely secure. Consumer safeguard regulations for electronic payments are even more stringent than when you write a check.

***THIS PAPERWORK CAN NOT BE ALTERED OR VOIDED  
COMPLETE THIS FORM TO ENROLL***

Child's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Select Payment Schedule:**      **1st of Month**      ☐

#### **EZ\_EFT Authorization Form**

I hereby authorize \_\_\_\_\_ to make my periodic withdraws on (Print the name of your financial institution) my behalf from the checking, savings or credit account listed below and transfer it to the Honey Tree Preschool.

**Choose One:**

\_\_\_\_\_ Checking Account Transfer    **(ATTACH A VOIDED CHECK)**

\_\_\_\_\_ Savings Account transfer \_\_\_\_\_  
(Savings Account Number)

\_\_\_\_\_ Credit Card (Circle One):    Visa    Mastercard    Discover

Credit Card Number: \_\_\_\_\_ EXP. \_\_\_\_\_  
(month/year)

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify the Honey Tree Preschool. Change of payment method will not affect the terms of my contract.

Print Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Honey Tree Preschool

## *Photo/Video/Recording Release Form*

### **Photo Release/Video**

I DO / DO NOT (Please Circle) give permission to the Honey Tree Preschool to use photographs of:

---

Child's Name

taken during class time, playground time, school functions, and field trips. I also understand that all photos will be available for review if I should request to do so. Photographs of my child may be used for publicity purposes on the school website, in brochures, or other means of publicity. I understand that my child will not be identified by name when photos are used for publicity purposes.

---

Signature of Parent or Legal Guardian

---

Date

### **Video Recording**

I DO / DO NOT (Please Circle) give permission to the Honey Tree Preschool to video tape of:

---

Child's Name

for staff review, staff development, parents to observe their children in the classroom environment, teacher's self-evaluation tool, in house teacher workshops, use by the director/owner of Honey Tree Preschool for evaluations and checking in daily with each classroom, production of movies for Honey Tree Preschool children and families.

---

Signature of Parent or Legal Guardian

---

Date

### **Media Usage**

I DO/ DO NOT (Please Circle) give permission for my child to watch educational videos or (G rated only) movies on occasions.

---

Child's Name

---

Signature of Parent or Legal Guardian

---

Date

## Honey Tree Preschool

### ***Field Trip Permission/Emergency Transportation Form***

Child's name \_\_\_\_\_ Date \_\_\_\_\_

#### **Field Trip**

All groups may take walking field trips within the neighborhood. I acknowledge that I am authorizing Honey Tree Preschool staff to take walks with my child in the neighborhood of Honey Tree Preschool. Parents will be given notice on upcoming field trips and will have to sign a permission slip the day of the trip.

#### **Emergency Transportation**

Toddler and preschool will use buggies with safety devices in place. Public transportation (RFTA) may also be used for transportation in an emergency.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Honey Tree Preschool

### ***Sunscreen & Diaper Cream Permission Form***

Date \_\_\_\_\_ Name of Child \_\_\_\_\_

Name of Sunscreen and the SPF Number \_\_\_\_\_

You are responsible for supplying sunscreen for your child. Please bring in your choice of sunscreen on your child's first day. It will be labeled and kept in the classroom.

#### **Special Instructions**

\_\_\_\_ In the event that my child's sunscreen is not readily available, my child may use the Kids Coppertone Sunscreen provided by the school.

\_\_\_\_ I do not want my child to use any other sunscreen other than the one he or she brings.

If your child is in diapers, and you would like them to have diaper cream, you will need to provide the school diaper cream, with their name on it. It must not be kept in their cubby- you will need to give it directly to your child's teacher.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Honey Tree Preschool

## ***Rest Time Release***

In a toddler room, I give permission for my child to sleep or rest on a mat or cot, over age 12 months. All infants (up to 18 months of age) must have individual cribs when enrolled in infant classroom. Infants will be placed in a crib, no bedding allowed, only sleep sacks. No pillows allowed. Parents will provide a blanket and sheet (crib size).

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

---

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Honey Tree Preschool

## ***Nut/Peanut School***

There are incidents of peanut allergies in young children. If your child has an allergy, please notify the office immediately. I have read the policy regarding lunch items and understand peanut items can be packed in my child's lunch.

I am aware of the high peanut content in granola/power bar type foods. I will watch the list of ingredients carefully that I send to school with my child.

I have read the Honey Tree Preschool Parent Policies information regarding peanut allergies.

I understand that many foods have peanut listed in the ingredients and understand fully the risk involved by sending products containing nuts to Honey Tree Preschool.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

---

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Honey Tree Preschool

## ***Release of All Claims***

In consideration of \_\_\_\_\_ (student's full name)

The undersigned, being of lawful age and being parent(s) or legal guardian (s) of the above named child, for and in consideration of my child's being able to attend Honey Tree Preschool and/or my/our heirs, executors, administrators, successors and assigns do hereby release, acquit and forever discharge the Honey Tree Preschool, its officers, staff, agents, and all other persons from all claim, actions, causes of action, demands, rights, damages, costs, loss of service, expenses, and compensation whatsoever which the undersigned or said child has or which may hereafter accrue on account of or in any way growing out of all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and the consequences thereof resulting or the result from said child's participation in the program, activities, and instructions of Honey Tree Preschool.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

---

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



# Honey Tree Preschool

## Permission for Pick-up

Child's Name: \_\_\_\_\_

The individuals listed below are authorized to pick up my child, \_\_\_\_\_ from Honey Tree Preschool. I understand that my child will not be released to anyone not on this list. If any person picking up my child is not on this list, I will provide written authorization to Honey Tree Preschool **prior** to pick up time. I understand that Honey Tree Preschool staff will require a valid photo id from anyone picking up my child.

**Please check this box if no one other than parents are authorized to pick up.**

I give permission for the following people to pick up my child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Physical description: \_\_\_\_\_ Physical description: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Physical description: \_\_\_\_\_ Physical description: \_\_\_\_\_

\*The following ***MAY NOT*** pick up my child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Physical description: \_\_\_\_\_ Physical description: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Authorization for Medical/Emergency Treatment

### During Absences of Parent or Legal Guardian

If you wish to authorize emergency treatment for your child in the event you cannot be reached, please fill out this form and return it to the Honey Tree Preschool. Without this authorization, the hospital may not treat your child if you cannot be reached to authorize such treatment.

Should my/our child, \_\_\_\_\_, to receive required emergency medical  
Printed Name of Child

care or treatment while under the supervision of any of the staff at the Honey Tree Preschool, I/We hereby request, direct, authorize and give permission to such members of the staff of the Honey Tree Preschool or their designees, to directly contact:

Dr. \_\_\_\_\_ at \_\_\_\_\_ Telephone # \_\_\_\_\_  
Family doctor Address Include Area Code

Dr. \_\_\_\_\_ at \_\_\_\_\_ Telephone # \_\_\_\_\_  
Dentist Address Include Area Code

Discuss in detail any health problems, special needs, medical history, medications, sensitivities or allergies your child may have or has had in the past. If you need more space, please use the back of this form.

**Allergies Y or N.**

---

And to follow his/her instructions for treatment whether or not it is possible to contact me beforehand. If, in the judgment of the staff member of the or any hospital involved, it is impossible or impracticable to contact the physician listed above, allow any qualified physician of Aspen Valley Hospital or Valley View Hospital treatment of my/our child (please circle your preference).

I/We further authorize and direct such staff members to take my/our child to the Emergency Room at the Hospital in case of any emergency.

I/We here knowingly, intentionally and for good and valuable consideration waive any and all claims, actions and causes of action which I/we and my/our child may have against the Aspen Valley Hospital, Valley, View Hospital, the Honey Tree Preschool, its staff, the Owners, and the physician contacted on the submission of my/our child to such medical care and treatment.

I/We understand such treatment will be limited solely to those procedures deemed necessary to the attending physician.

This consent shall be valid for one year from the date given below as long as the child participates in the Honey Tree Preschool's activities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

---

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

---

Signature of Parent or Legal Guardian

---

Date

# Honey Tree Preschool

## Emergency Hospital Consent Form

**Please attach a copy of your health insurance card to this form. If necessary, copy the front and back of your card.**

I, \_\_\_\_\_ and \_\_\_\_\_,  
Printed Name of Mother Printed Name of Father

hereby give consent for my child, \_\_\_\_\_ to receive emergency medical  
Printed Name of Child

care. I understand that a reasonable effort will be made to locate me before emergency action will be taken. I understand that I will be notified as soon as time and conditions permit.

My hospital preference is:

\_\_\_\_\_ Aspen Valley, 0401 Castle Creek Rd, Aspen, CO 81611, phone: 970-925-1220

\_\_\_\_\_ Valley View, 1906 Blake Ave, Glenwood Springs, CO 81601, phone: 970-945-6335

I assume full responsibility for any medical treatment and care for my child. I assume full responsibility for all costs incurred as a result of medical treatment. I understand that any and all medical or dental expenses incurred for treatment, diagnosis or transportation of my child, \_\_\_\_\_ will be parent's full responsibility.

I understand that Honey Tree Preschool does not carry health insurance for the children. You and your child, as well as your heirs, executors and assigns do forever discharge Honey Tree Preschool, from any claims, and/or causes of action for any injury, illness or other damage to person or property resulting from the placement and daily activities of your child in care at Honey Tree Preschool, LLC.

As a parent of said child, I have read and fully understand the contents of this document, Honey Tree Preschool, Policies and Procedures and agree to all terms within.

I, \_\_\_\_\_ and \_\_\_\_\_,  
Signature of Mother Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Mother Date and \_\_\_\_\_  
Signature of Father Date

# Honey Tree Preschool

## *Insurance Information*

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Child's Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Does the child have any physical defects? No \_\_\_\_\_ Yes \_\_\_\_\_

Please explain: \_\_\_\_\_

Is the child taking medication regularly? No \_\_\_\_\_ Yes \_\_\_\_\_

Please explain: \_\_\_\_\_

If a parent cannot be reached when a child is sick or injured, please state here the name of someone who would be willing to care for the child or who could locate either parent.

## **Emergency Contact/Consent**

If Honey Tree Preschool is not able to reach me in the event of an emergency, I give Honey Tree Preschool permission to contact and/or release my child to the primary emergency contact.

If the primary emergency contact cannot be reached, I give permission to contact and/or release my child to the secondary emergency contact.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Primary emergency contact name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that by signing, I agree to be an alternate contact in the event Honey Tree Preschool staff is unable to reach the parents or legal guardians. I agree to pick up \_\_\_\_\_ at Honey Tree

Preschool if needed. Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ DL #: \_\_\_\_\_

**Secondary emergency contact name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that by signing, I agree to be an alternate contact in the event Honey Tree Preschool staff is unable to reach the parents/legal guardians or the primary emergency contact. I agree to pick up \_\_\_\_\_ at Honey Tree Preschool if needed.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ DL #: \_\_\_\_\_

---

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Honey Tree Preschool

## *Family Policy Acknowledgement*

Child's Name \_\_\_\_\_

We have received a copy of Honey Tree Preschool, Family Policies and Procedures. The Colorado Division of Childcare requires that policies be reviewed, renewed and signed annually by both parents.

We agree to comply with all Colorado Division of Childcare State Regulations, General Rules and Regulations governing child cares as outlined in the Honey Tree Preschool Family Policies and Procedures.

My child's admission/annual forms have been completed and returned to the Honey Tree Preschool office.

These forms must be completed for compliance for The Colorado Division of Childcare annually.

We have read and agree to comply with the regulations outlined.

Both parents and / or legal guardians must sign below.

My child's annual renewal date is \_\_\_\_\_. I agree to submit all forms prior to my child's admission/renewal date. If forms are not completed, my child's enrollment at Honey Tree Preschool, may be interrupted until forms are completed. No tuition refund or credit will be issued by Honey Tree Preschool for missed days due to late submission of annual paperwork by parents.

Parent/Guardian Printed Name	Signature	Date
------------------------------	-----------	------

Parent/Guardian Printed Name	Signature	Date
------------------------------	-----------	------

If you have any questions regarding our policies, please contact Kelly Beal or Dustin Springstead at Honey Tree Preschool.

**Phone #: 609-226-8061 - Kelly Beal**  
**609-602-8001 - Dustin Springstead**

**Email: [honeytree81623@gmail.com](mailto:honeytree81623@gmail.com)**

## ***PARENT NOTIFICATION***

**Name of facility:** Honey Tree Preschool

License # 1744709

**Address:** 64 Favre Lane, Carbondale, CO 81623

**Major cross streets:** El Jebel & Highway 82

**Phone number:** 970-510-5388

**Name & Cell Phone # Of Contact Persons:** Kelly Beal 609-226-8061 & Dustin Springstead 609-602-8001

Email: honeytree81623@gmail.com

In the event we must vacate the premises, we have 3 locations to go to. The first is within walking distance, Eagle Crest Nursery (behind the preschool) 400 Gillespie Drive, El Jebel CO 81623. We will use the buggies for small children and a walking rope for the older children. Parents would be notified immediately of our evacuation and where we are located for child pick-up.

The second and third locations are between 2-5 miles away in case we need to vacate the area. We will use RFTA as our transportation to the evacuation sites. Location #2 is the Basalt Library located at 14 Midland Ave, Basalt, CO 81621.

Location number three is Blue Lake Preschool in Blue Lake/El Jebel. We will notify parents immediately of our location and ask that parents pick up their children there. Please keep your phone numbers current in your child's records and leave the best phone number to reach you at sign in. We will accommodate any children with special needs, based on their needs. If your child has special needs, please discuss them with us so we can have an emergency evacuation plan that you approve of for your child.

***In the event that the children are evacuated to a shelter due to a pre-evacuation or mandatory evacuation, every attempt will be made to inform parents of the shelter location as soon as staff and children have been safely evacuated.***

---

Signature of Parent or Legal Guardian

---

Date

---

For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.

---

Signature of Parent or Legal Guardian

---

Date

PARENT SIGNATURE: \_\_\_\_\_

## **Things your child needs to bring to school**

***Please make sure and mark all personal items with your child's name.***

**Extra full set of clothes** – to be changed with the seasons.

These clothes need to stay at school in case of spills or accidents. When your child has an accident, we will send the soiled clothing home. Please be sure to replace them promptly. Please check your child's cubby to be sure extra clothing is available;

- Shirts and pants / dress
- Underwear
- Socks
- Indoor and outdoor shoes

Also, please be sure your child has adequate outdoor clothing every day:

- Hat
- Jacket
- Snowsuit or snow pants and jacket
- Mittens
- Boots

**Backpack or bag** – that can be filled with art projects and parent letters.

**Lunch & 2 Snacks (morning and afternoon)** – needed every day unless we are making a special lunch.

**Sunscreen**– for all year round; children have different skin types, some may be allergic, so they must have their own lotion.

**Hat with the visor and sunglasses or snow goggles** – it is very sunny on the playground year round.

**Diapers and Wipes** – if your child needs them. Toddlers must bring in a full package to be left at school.

**Diaper Cream** – if your child needs it.

**Rest Time** – blanket and crib-sized sheet. Plan to take these home to launder, each week



## TELL US ABOUT YOUR CHILD

Foods to avoid due to parent preference and/or allergies:

---

---

What are your child's favorite play activities?

---

---

How does your child relax or calm him/herself down?

---

---

How does your child fall asleep?

---

---

### CHILD'S DEVELOPMENT

At what age did your child speak words? \_\_\_\_\_ months      Walk? \_\_\_\_\_ months

Does your child need reminding about going to the bathroom?      ☐ Yes      ☐ No

Does your child nap?      ☐ Yes      ☐ No      Time Frame? \_\_\_\_\_ Duration? \_\_\_\_\_

### CHILD'S EXPERIENCES

What language(s) are spoken in your home?

---

Are there any religious or cultural considerations you would like us to take in account while your child is in our care?

---

What other care & education environment has your child experienced? (Nanny, grandparents, child care, etc.)

---

What tends to be your child's temperament at home?

☐ Very Easy Going      ☐ Fairly Easy      ☐ Fairly Difficult

How does your child interact with other children?

---

---

Is there anything else we should know to prepare for your child and/or family?

---

---