**THE LEARNING TREE DAY SCHOOL, INC**

**ADD CHILD TO EXISTING PROCARE ACCOUNT**

Please use this form to add a child to an existing Procare account. Please complete this form, save it under some name, and email it to [admin@tltds.com](mailto:admin@tltds.com). Also, go to [www.tltds.com](http://www.tltds.com) and upload a photo (head shot only) of the child.

Your Last Name

Your First Name

Your Address

Your Phone Number

Your Date of Birth

Child’s Lastname

Child’s Firstname

Child’s Date of Birth

Child’s Gender

Child’s Address

For which location are you enrolling this child ? 

Choose an item.

I am enrolling this child in ? 

Choose an item.

I am enrolling this child in ? 

Choose an item.

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? 

Choose an item.

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

Choose an item.

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

Choose an item.

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 ?

Choose an item.

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

Choose an item.

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 ?



If any, please describe any pre-existing illness or health concerns for this child:



Does this child have any special needs (and/or hyperactive) ? 

Choose an item.

If this child has special needs, please describe



Does this child have any special dietary needs ? 

Choose an item.

If this child have special dietary needs, please describe:



Please list known allergies of this child. 

Choose an item.

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

Choose an item.

I will download and fully complete the CACFP Food Eligibility Form located on the center's website and give it to the Center Director.

Choose an item.



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.

Choose an item.

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.

Choose an item.

I understand this child will not be added to the online Procare system without an uploaded photo (head shot only) of this child.

Choose an item.