

The Treehouse Nursery

1730 SE 44th Ave Portland OR 97215

(503) 505-7047

setreehousenursery.com

thetreehousenursery@gmail.com



Application for Enrollment

Child's Full Name _____ Nickname _____

Date of Birth _____ Male _____ Female _____

Child lives with: _____

Name of Parent/Guardian _____ Relation _____

Address _____

Cell Phone (____) _____ Work Phone (____) _____

Occupation _____ E-mail _____

Hobbies, talents, interests: _____

Name of Parent/Guardian _____ Relation _____

Address _____

Cell Phone (____) _____ Work Phone (____) _____

Occupation _____ E-mail _____

Hobbies, talents, interests: _____

Names and ages of siblings and where they attended preschool:

What are you hoping for your child to experience at The Treehouse Nursery?

Has your child been in any other preschool/daycare setting before and what was your experience like?

What can you tell us about your family's traditions, values and culture that will help us understand your child?

What languages did your child grow up hearing?

Please explain any major life changes your child has experienced thus far. (siblings birth, move, death, separation &c.)

Where is your child in the potty training stage?

Please explain your nap-time routine at home.

What are some of your child's main interests, talents and passions?

Describe you child's strengths and challenges.

How would you like to see The Treehouse Nursery enhance or help develop his/her uniqueness? (Is often singing and would like us to encourage this, needs help learning to share, would like help with eating new foods &c.)

What days are you interested in attending?

Is there anything else you would like us to know about your child or family?

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____