

**The Little Tree Learning Center**  
**Mobile**  
**Student Application**  
**P.O. Box 9723**  
**Mobile, AL 36691**  
**(251) 654-2533**

Student Information

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Child with Developmental Challenges \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Peer Mentor \_\_\_\_\_

Parent Information

**Father**

**Mother**

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

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

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

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

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Student's Guardian (If not parents) \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with (Please Circle): Both Parents    Father    Mother    Guardian

Other Information: Has your child attended a preschool/daycare? Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

Please provide a **COPY** of the following documents with this application. Application will not be considered **complete** without this information.

\_\_\_\_\_ Original Birth Certificate (must be certified copy-not hospital copy)

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Up-To-Date Immunization Card (Blue Card)

\_\_\_\_\_ Any Assessments child has had from outside agencies (Children with Developmental Challenges only)

\_\_\_\_\_ Little Tree Learning Center Contract

\_\_\_\_\_ Acknowledgment of receipt of Policies and Procedures Handbook

**Emergency Contact Information:**

(These people will be called in order listed if Parent or Guardian can not be reached)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Individuals Child may be released to other than parent: (If individual is not listed below The Little Tree will not release the child Individuals)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**Office Use Only:** Date Received: \_\_\_\_\_  
Child Start Date: \_\_\_\_\_

## Medical and Developmental Information

### Medical History

Does your child have normal hearing? If not, please list the tests conducted to evaluate your child's hearing and who conducted them.

Has your child been hospitalized for any reason? If yes, please explain.

Is your child taking any medications? If yes, please list the name of the medications and the frequency.

Is your child allergic to any medications?

Has your child had any surgeries? If yes, what type and when?

Besides medication is your child allergic to anything? If yes, what?

Child's Primary Physician:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

If child needs emergency medical assistance The Little Tree will call EMS services at the expense of the parent. If there are any objections to this please notify The Little Tree in writing. If no written notification is on file EMS will be called, the parent will be immediately notified.

**Developmental History**

Please provide approximate ages at which your child began to do the following activities: (You can use early, late, or on-time if age is unknown)

Smile		Crawl	
Coo/Babble		Stand Alone	
Roll Over		Walk Alone	
Sit Alone		Feeds Self	
Single Words		Dresses Self	
		Toilet Trained/ Bowel	

How does your child communicate? Please circle all that apply (Words, Sign language, Picture Exchange, Sentences, Crying, and Sounds)

How much of your child’s speech is understandable to you? Some \_\_\_\_\_ Most \_\_\_\_\_ All \_\_\_\_\_

How much of your child’s speech is understandable to others? Some \_\_\_\_\_ Most \_\_\_\_\_ All \_\_\_\_\_

What foods does your child enjoy eating?

What foods does your child not enjoy eating?

Is your child a picky eater?

Is your child on or ever been on any special diets? If yes, please describe and how long ago.

Does your child take any nutritional supplements?

Describe your child's response to sound (e.g. does he/she cover ears when noises occur, does he/she respond to all sounds, some sounds, or just seem to tune you out)

Has your child ever been released from a school for any reason? If yes, please explain.

Do you experience any behavior problems with your child? If yes, please describe the problem behavior and how you deal with it.

Has your child ever attended or been a part of a school or program that used an ABA (Applied Behavior Analysis) approach?

Has your child ever attended or been a part of a school that served children with disabilities?

Please describe your child's play/social skills?

What does your child enjoy doing in his/her spare time?

What are your child's special interests, likes, dislikes? What rewards or motivates your child?

What are your goals for your child while attending The Little Tree?

**Family History**

Does your child have brothers and/or sisters?

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Is there any of the following and if so what is the relationship to the child?

Speech Language Impairment		Drug or Alcohol Abuse	
Hearing Impairment		Seizure Disorders	
Learning Disabilities		Chronic Illness	
Behavior Problems		ADHD/ADD	
Emotional Difficulties		Diabetes	
Mental Retardation		Visual Impairment	
Depression		Schizophrenia	

Other:  
\_\_\_\_\_



**Little Tree Learning Center  
Mobile  
Consent for Photographs and Video**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I \_\_\_\_\_ hereby give my permission and consent to The Little Tree Learning Center to take still photographs and video of my child for purposes of advertisement and fundraising, including but not limited to Newspaper, Television, Website, etc. All photographs and videos will be taken during appropriate school activities that promote a positive accurate perception of what happens at the school.

At all times, I retain the right to revoke this Authorization. Such revocation must be submitted to The Little Tree Learning Center in writing. The revocation shall be effective except to the extent that The Learning Tree has already used or produced photographs in reliance on the Authorization.

I acknowledge this authorization is effective until written notification of revocation is supplied by me.

(One signature is sufficient)

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature if different

\_\_\_\_\_  
Date