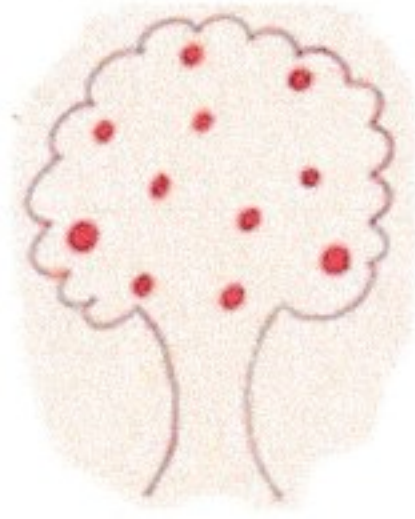


# Appletree Academy Enrollment Packet 2026-2027



"Where Learning is Fun!"

Thank you so much for choosing Appletree Academy! We have been successfully preparing preschoolers for kindergarten since 1994! With our change of ownership in 2024, we continue to use best practices in early childhood education to not only prepare children for kindergarten but also to instill a love of learning and encourage development of the whole child. Whether you are new to Appletree or a returning family, we greatly appreciate you entrusting us to be a part of your preschooler's educational journey! If you are new to Appletree, please call to set up a tour and start the enrollment process. Next:

1. Please return this completed packet (pages 1-5 required for enrollment)
2. Submit the medical form (page 6) to your child's doctor; return it to Appletree once completed along with a copy of your child's immunizations.
3. The \$100 supplemental fee (covers the cost of field trips & supplies) and the \$50 deposit will be automatically deducted from your account. **Both are non-refundable.**
4. Please do NOT send cash, checks or money orders.

## Required Items:

\_\_\_page 1 – This summary form

\_\_\_page 2 – Missouri Child Care Enrollment Form

\_\_\_page 3 – Additional Enrollment Information

\_\_\_page 4 – Preschool Class Preference page

\_\_\_page 5 – Authorization Agreement for Automatic Payments (ACH)

\_\_\_page 6 – Missouri Child Examination Report (Completed and signed by a doctor)

\_\_\_page 7 – A copy of your preschooler's CURRENT immunization records

\_\_\_Upon receipt of this packet, you are giving Appletree/Melissa Hertzog (owner) permission to automatically withdraw the \$50 deposit and the \$100 supplemental fee from your account. Both are non-refundable.

Appletree Academy Preschool  
1800 SW 150 Hwy, Lee's Summit, MO 64082  
www.appletreeacademy.biz

Melissa Hertzog, Owner/Director

(816) 377-6435

appletreeacademy01@gmail.com

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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE  
**CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES**

FACILITY/PROVIDER NAME Appletree Academy Preschool		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
<b>IDENTIFYING INFORMATION</b>			
MOTHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
FATHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY</b> (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.			
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.			
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE <div style="text-align: center;">Appletree Academy Preschool</div>			
DAY CARE PROVIDER			
TO CONTACT THE FOLLOWING:			
<b>PHYSICIAN OR CLINIC</b>			
NAME		TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>			
NAME		TELEPHONE NUMBER	

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## Additional Enrollment Information

### Comments on Child's Development

(personal development, behavior, patterns, habits, & individual needs)

### Expectations/Wishes/Reasons for preschool attendance

(academics, socialization, separation practice, recommendation from doctor or other professional, ect)

Year to begin Kindergarten \_\_\_\_\_

District \_\_\_\_\_ Name of Elementary School \_\_\_\_\_

Names of Former Appletree Students in your family: \_\_\_\_\_

Is this a first preschool experience for child? \_\_\_\_\_

Age of your child by this September \_\_\_\_\_

How did you hear about Appletree? \_\_\_\_\_

First email address: \_\_\_\_\_

Second email address: \_\_\_\_\_

### ACKNOWLEDGEMENTS

A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <input type="checkbox"/> DO <input checked="" type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input checked="" type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE

DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

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Preferred Days to attend preschool: (students attend 4 hours each day and bring their own lunch all days in attendance)

**Primary Classes – age 3 before August 1<sup>st</sup> & potty trained by the first day of classes in September, typically 2 years away from kindergarten (please number choices in order of preference)**

\_\_\_ Monday & Wednesday mornings (2 days, 9 am – 1 pm) \$225 per month

\_\_\_ Tuesday & Thursday mornings (2 days, 9 am – 1 pm) \$225 per month

**Pre-K Classes – age 4 before August 1<sup>st</sup> & potty trained by the first day of classes in September, typically 1 year away from kindergarten (please number choices in order of preference)**

\_\_\_ Monday & Wednesday & Friday (3 days, 9 am – 1 pm) \$275 per month

\_\_\_ Tuesday & Thursday & Friday (3 days, 9 am – 1 pm) \$275 per month

\_\_\_ Monday - Friday mornings (5 days, 9 am – 1 pm) \$500 per month

**Other special situations, information or requests:**

We will do our best to meet these requests and preferences, but special requests are not guaranteed. Confirmation of days will come via email in mid-July. Teacher and class placements will be announced in mid-August.



# AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

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I \_\_\_\_\_, hereby authorize Appletree Academy, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Financial Institution Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

**Type of Account:** \_\_\_\_ **Checking** \_\_\_\_ **Savings**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Adult Name on the Bank Account)

\_\_\_\_\_  
(Print Preschoolers First Name)

\_\_\_\_\_  
(Print Preschoolers Last Name )

\_\_\_\_\_  
(Print First and Last Names of any additional siblings also attending Appletree Academy)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE  
**CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)**

SAVE

PRINT

RESET

**IDENTIFYING INFORMATION**

CHILD'S NAME

BIRTHDATE

**CURRENT STATE OF HEALTH**

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on \_\_\_\_ / \_\_\_\_ / \_\_\_\_, this child can participate in a child care program. This child has no special care needs unless specified below.

*(Date of medical examination must be within the last 12 months.)*

**PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE**

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER  
(MAY USE STAMP.)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME  
(PLEASE PRINT.)

TELEPHONE NUMBER

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

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