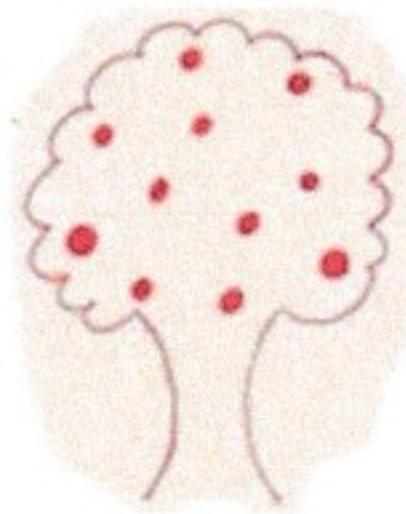


Appletree Academy Enrollment Packet 2026-2027



"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

Follow us on Facebook and Instagram



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)		
IDENTIFYING INFORMATION		
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	
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (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)		
AUTHORIZATION FOR EMERGENCY MEDICAL CARE		
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 Appletree Academy Preschool		
DAY CARE PROVIDER		
TO CONTACT THE FOLLOWING: PHYSICIAN OR CLINIC		
NAME	TELEPHONE NUMBER	
PREFERRED HOSPITAL		
NAME	TELEPHONE NUMBER	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

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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 1st + 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 1st + 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)

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
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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
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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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