OFFICIAL USE ONLY

School Year _____ Date Recd. _____
Reg. Fee _____ Pmt. Method _____
Start Date _____ Program: _____
M _____ T _____ W _____ R _____ F _____
Schedule: FT _____ VPK Only _____
VPK Morning Care 7:00am – 9:00am _____
VPK M –F Wraparound _____
VPK MWF Wraparound _____
VPK TR Wraparound _____

Application for Enrollment for Apple Tree Academy Palm City – 2026-27 School Year

An Annual Non-Refundable Registration Fee of $125.00 per family is due with application.

Today's date: _____

Child's Name: _____
Date of Birth: _____ Gender: M/F (circle one)

Was child born premature? If so, how many weeks? _____
Does child receive any services? If so, please explain below:
_____

Child's Address: _____
City/State: _____
Zip Code: _____
Custody: Mother _____ Father _____
Both _____ Other _____
Any custody papers must be on file at Apple Tree Academy

Program Requested: *select one below*
Infant _____ Toddler _____ 2-Year-Old _____
3-Year-Old _____ VPK _____

Days Requested: *select one below*
MTWRF ____ MWF ____ TR _____

Hours: Drop Off Time: _____ Pick Up Time: _____

Schedule Requested: *select one below*
Full Time (7:00am – 5:30pm) _____
VPK ONLY (8:30am -12:30pm) _____
VPK Morning Care (7:00am - 8:30am) _____
VPK M - F WRAPAROUND (7:00am – 5:30pm) _____
VPK MWF WRAPAROUND (7:00am – 5:30pm) _____
VPK TR WRAPAROUND (7:00am – 5:30pm) _____

Family Information:

Mother's Name: _____
Address: _____
Cell: _____
Employer: _____
Work: _____
Email: _____

Father's Name: _____
Address: _____
Cell Carrier: _____
Employer: _____
Work: _____
Email: _____

If parents are divorced, widowed, and/or remarried, is there a stepparent? Yes, No (circle one)
Stepmother: _____ Stepfather: _____

(Please print neatly. We will use email address and text message for school communication)

Emergency Medical Release

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to Apple Tree Academy. I hereby request that if I, or the people I designated for an emergency, cannot be reached in a timely manner, an official representative of Apple Tree Academy will seek first aid or emergency medical care for my child including transport to the nearest emergency facility available. I further give my consent to any emergency facility and physician to administer necessary medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment.

Physician: _____ Physician's Number: _____
Insurance Provider: _____ Group #/Policy # _____
List Medical Conditions/Treatments: _____
List Any Allergies: _____

****Section 65C-22.006(2), F.A.C., requires a current physical examination (Form DH 3040) and immunization record (Form DH 680 or 681) on file at time of enrollment. ****

01 01 2026

Tuition and Enrollment Agreement 2026 -27 School Year

In consideration of Apple Tree Academy accepting and enrolling _____ ("Student") into the programs and activities for the school year, the undersigned agrees to the following terms:

1. Non-Refundable Registration Fee: Parent/Guardian understands that the registration fee must accompany the registration papers and is non-refundable. Registration fees are collected annually.
2. Tuition and Fees: Parent/Guardian understands that the tuition goes to provide the highest quality care and early childhood education program for each child. Tuition is based on a total yearly cost of the program broken down into weekly or monthly payments to make it more feasible for our families. Therefore, tuition is due each week regardless of whether your child is in attendance or not. **No credit is given for scheduled holidays or school closings**.
3. Christmas Week: Parent/Guardian acknowledges that Apple Tree Academy will be **CLOSED** for the week of Christmas and payment for the week is still due for my child (ren).
4. Payment: I agree to pay the tuition rate reflected on the tuition schedule for the program that my child will attend. All tuition is due on Friday for the following week. Any late payments will be subject to a $25.00 late fee which will be assessed to your child's account at the end of the business day on Monday. Non-payment of tuition by Wednesday will result in disenrollment of your child. A $50.00 fee ($25.00 late fee and $25.00 returned check or credit card decline fee) is charged for each returned check or credit card decline. Parent/Guardian understands that an electronic funds transfer authorization form (ACH) **must** be completed and kept on file.
5. Dismissal: Parent/Guardian understands the school reserves the right to dismiss any student for any reason. In the event of a dismissal from Apple Tree Academy, any registration fees, the current week's tuition and/or any activity fees are non-refundable and deemed earned. The Parent/Guardian remains responsible for payment of any unpaid charges to their account.
6. Withdrawal: This is a binding contract for the entire tuition for the school year. The child's absence or failure to attend Apple Tree Academy does not relieve the Parent/Guardian of the obligations set forth herein, regardless of the circumstances. However, if the parent/guardian must withdraw their child for circumstances out of their control, the parent/guardian must provide Apple Tree Academy with two (2) weeks written notice on a Withdrawal Form provided by Apple Tree Academy.
7. Release and Waiver of Liability: In consideration of Apple Tree Academy accepting this Application for all programs and activities provided by Apple Tree Academy, I hereby waive my right to sue, make claim or bring any action against Apple Tree Academy, its owners, employees, or agents. I voluntarily agree to release, discharge, and hold harmless Apple Tree Academy, its owners, employees, or agents from and against all claims of liability, even those arising out of their negligence, fault, recklessness, and any other act or omission which causes my child damages, illness, injury or disease of any nature or in any way connected with the participation in these programs and activities.
8. Breach: In the event of breach of contract by the Parent/Guardian, Apple Tree Academy reserves the right to recover from the Parent/Guardian all unpaid tuition, late fees, and administrative fees for the time period during which the student attended school, plus prejudgment interest and all costs of collection, including but not limited to attorney's fees, collection agencies fees, and court costs.
9. Entire Agreement: This agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written concerning the subject matter of this Agreement. This Agreement supersedes any prior written or oral agreement between the parties.
10. Governing Law and Venue: This Agreement will be construed in accordance with the laws of the State of Florida. Any dispute arising from this Agreement shall be governed by Florida law and shall solely and exclusively by a court of competent jurisdiction located in Martin County, Florida.

_____ _____

Parent/Guardian Signature *Date*

_____ _____

Director's Signature *Date*

Parent-School Enrollment Contract 2026 -27 School Year

This contract between the Parent (s) or Guardian (s) of below named Apple Tree Academy student and Apple Tree Academy stipulates the commitments required of all Apple Tree Academy families. All Apple Tree Academy families are required to read, initial, and sign this contract and agree to the following.

Child's Name: _____Date: _____

1. Early Intervention: I understand that Apple Tree Academy is a strong proponent of early intervention for children birth through 5 years of age. I agree to follow up with any recommendations made by any of the early childhood specialists brought to the school to help my child reach his/her maximum potential. I understand that if I do not seek additional services for my child within 30 days of the recommendations, Apple Tree Academy has the right to dismiss my child because Apple Tree Academy is unable to meet my child's needs. ____ **Initials**

2. Daily Sign In/Sign Out: I/We understand that the Florida Department of Children & Family requires that each child be signed in and out daily. I/We will ensure to sign in/out my child each day. ____ **Initials**

3. Illness and Readmission: I/We understand Apple Tree Academy's Illness Policy. If my child exhibits any symptoms of being sick during the school day, I agree to pick up my child within 45 minutes after notification to avoid spreading of germs. If my child contracts a contagious disease, I agree to notify the school immediately so every health precaution can be taken for the well-being of all children. I/We understand that I/We may not return my child to school until after he/she is symptom free for at least 24 hours (without the aid of medication) and/or a doctor's note verifying he/she is no longer contagious and able to return to school. ____ **Initials**

4. Tuition Express Parent Authorization: I/We agree to complete the payment processing system form that allows secure, on time tuition payments to be made from either my bank account or my credit card found on the school website for reference : https://www.apple-tree-academy.com/forms/ ____ **Initials**

5. Distracted Adult Brochure: I/We acknowledge receipt of Department of Children and Family Brochure found on the school website for reference: https://www.apple-tree-academy.com/forms/ ____ **Initials**

6. DCF 175-24 "Know Your Child Care Facility: I/We acknowledge receipt of DCF Brochure found on the school website for reference: https://www.apple-tree-academy.com/forms/ ____ **Initials**

7. DCF 175-70 The Flu A Parent's Guide: I/We acknowledge receipt of Dept. of Children and Family Brochure found on the school website for reference: https://www.apple-tree-academy.com/forms/ ____ **Initials**

8. Expulsion, Suspension, Dismissal Policy: I/We acknowledge receipt of the Apple Tree Academy Expulsion, Suspension, Dismissal Policy required by Florida Administrative Code found on the school website for reference: https://www.apple-tree-academy.com/forms/ ____ **Initials**

9. Photo Release: I/We ____ do/ _____ do not authorize Apple Tree Academy to use and/or release any pictures of my child, for promotion of the school in newspaper advertisements, school Facebook page, special events held at the school, etc. ____ **Initials**

10. Parent Handbook: I acknowledge that I have read and agree to the terms stated in the Apple Tree Academy Parent Handbook found on the school website: https://www.apple-tree-academy.com/forms/ ____ **Initials**

_____ _____

Parent/Guardian Signature *Date* *Directors Signature* *Date*

Emergency/Authorization Contacts 2026 -27 School Year

I understand my child will be released only to the custodial parent or legal guardian and the persons listed on the Emergency/Authorization Contact list below. I understand the individuals listed will also be contacted and are authorized to remove my child from the facility in case of illness, accident, or emergency.

Please list the names and phone numbers of those individuals besides the parent/guardian, who are authorized to pick your child up from Apple Tree Academy. Please also list the order in which you would like the individual to be called in case of emergency.

CHILD's NAME: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Apple Tree Academy

Participation Agreement 2026 -27 School Year

I would like to participate with ProCare Parent Engagement App so I can receive email, my child's published work, photographs, and videos via the ProCare Parent Engagement App.

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for publishing children's work, photographs, or videos through a software program called ProCare Parent Engagement (the "Program"). By signing this form, you grant permission for us to photograph and/or video your child for the purpose of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos, or stories of your child. By giving your consent, you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, visit procaresoftware.com/parent-engagement. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

Date: _____

Child's Name: _____

Parent/Guardian Name: _____

Email: _____

Cell Phone: _____ Cell Phone Carrier: _____

Signature: _____

Parent/Guardian Name: _____

Email: _____

Signature: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child requesting account access.