



Tree Tops II Preschool Ltd
St. Anne's Church Hall
26 Church Road
Southampton SN 01
Phone 238-6025

P O Box SN 356
Southampton SN BX
www.TREETOPS2.com

Date of Application _____

Full Name of Child _____

Child's Date of Birth D/M/Y _____ Male Female

Name of Mother _____ Cell # _____

Place of Employment _____ Phone # _____

Email Address _____

Name of Father _____ Cell # _____

Place of Employment _____ Phone # _____

Email Address _____

Child's Home Address _____

_____ Home Phone # _____

Mailing Address _____

Individuals to collect child _____

Relatives/Friends for Emergency Contact (please provide 2 contacts)

1. _____ Phone # _____ Cell # _____

2. _____ Phone # _____ Cell # _____

3. _____ Phone # _____ Cell # _____

Doctor _____ Phone # _____

Allergies/Health Concerns _____

Dietary Restrictions _____

Commencement Date _____ Age at Commencement _____

Programme required Full-time 4 Days 5 mornings/3 full days 3 mornings

Parent's Signature _____ Registration fee _____