

Sheltering Tree Ranch

P.O. Box 1656...Savannah, Tn. 38372...731-926-0303...www.shelteringtree.org

APPLICATION FOR ADMISSION

1. Child Information

- A. Full Name _____
- B. Birth date _____ Age _____
- C. Last School attended _____
Reason for leaving _____
- D. Has the child ever had disciplinary problems? If yes, please explain

- E. Church attending _____ Pastor _____

2. Parent Information

- A. Mother _____ Father _____
Mother _____ Father _____
- B. Address _____
- C. Phone _____ Phone _____
Cell _____
- D. Employer _____
Work Phone _____
- E. Email Address _____

3. Emergency Information

- A. Name of person (other than parent) authorized to act in an emergency
_____ Phone _____
- B. Physician _____ Phone _____

C. I authorize Sheltering Tree Staff to take whatever emergency medical measures deemed necessary for the protection of my child while in their care. I understand that this authorization includes calling a physician, implementing his/her instructions, and transporting my child to a hospital or clinic without first obtaining my consent.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

4. Background Information

Other Children in Family

Birth Date

School

5. Sleep Habits

A. Has room alone _____ Shares room _____ Sleeps with parents _____

B. At night, sleeps from _____ to _____ Average sleeping hours _____

Naps from _____ to _____ Average napping hours _____

C. Does child wet the bed? _____ How's this handled? _____

6. Toilet Habits

A. Times at which the child is taken to the bathroom _____

B. Does child go by himself? _____ Can child (un)/dress at toilet? _____

C. Time of bowel movement _____ Regular? _____ Constipated? _____

D. What word is used for urinating? _____ BM _____

7. Speech and Physical Health Information

A. The child talks () well; () fairly well; () not very well; () none.

B. Is the child active or quiet? _____

C. Does the child have allergies? _____

D. Does the child take medications? _____ If yes, please list:

8. Eating Habits

A. What is the child's general attitude toward eating? _____

B. If the child refuses, how is it handled? _____

C. Texture or temperature avoidance? If yes, what is avoided?

D. Special diet? ____ If yes, explain _____

9. On the lines below, record the names of people who have permission, outside of the mother or father (unless authorized by law) to pick up this child.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

(Names may be added or deleted from the list throughout the school year, but notification must be made in order to do so)

10. Please state below the reason you would like your child to be enrolled in Sheltering Tree.

**NOTICE OF NONDISCRIMATORY POLICY AS TO
STUDENTS**

Sheltering Tree admits students of any race, color, national or ethnic origin to all the rights privileges, programs and activities generally accorded or made available to any of its students. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its educational or admissions policies.

Sheltering Tree Education Team

