



Temple Beth Tikvah
Preschool

Enrollment Application
September 20__ - June 20__

Child's Name: _____

Birthdate: _____ Nickname: _____ Sex: M____ F____

Home Address: _____
(Street) (City) (State) (Zip)

Child lives with: Both Parents____ Mother____ Father____ Other____

Are you a member of our Synagogue: Yes____ No ____

.....
Family Information:

Parent/Guardian 1: _____ Home Telephone: () _____

Address: (if different from above) _____

Employer & Address: _____

Work Telephone: () _____ Cell phone: () _____

E-mail address: _____

Parent/Guardian 2: _____ Home Telephone: () _____

Address: (if different from above) _____

Employer & Address: _____

Work Telephone: () _____ Cell phone: () _____

E-mail address: _____

Who is the primary contact person in case of Emergency _____

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Other Children in Family:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Additional Family information you would like to share _____

I am enrolling my child in:

2 year old program, ___ 3 year old program ___ 4 year old program ___

M____ T____ W____ Th____ F____

Extended Day 12:30-3: M____ T____ W____ Th____ F____

Before School 8-9: M____ T____ W____ Th____ F____

After School 3-5: M____ T____ W____ Th____ F____

Ready to Go (parent program) 9:30-11: Tuesday____ Thursday ____

My child's first date of enrollment will be _____

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_____ (Initial) Understand all student required records must be complete and returned by August 20th for our child to attend the program.

Applications can only be processed with the following items:

Non-refundable Deposit: _____

Registration Fee: _____

Health Records: _____

Immunization Records: _____

Birth Certificate: _____

Medical Information: _____

Emergency Form: _____

Tuition Agreement: _____

Consent Form _____

_____ (Initial) If there are changes to these arrangements, I will notify the school in advance in writing.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Information:

Child's Name: _____

Birthdate: _____ Nickname: _____ Sex: M____ F____

Address: _____
(Street) (City) (State) (Zip)

Known Allergies: _____

Insurance Carrier: _____ Insurance ID _____

Childs Physician: Name: _____ Phone #: _____
Address: _____ City _____ Zip Code _____

Childs Dentist: Name: _____ Phone #: _____
Address: _____ City _____ Zip Code _____

Authorization for Release:

I hereby authorize Tempe Beth Tikvah Preschool to release my child _____, to the following people, or to contact them in the event of an emergency to pick up my child:

Name: _____ Phone# _____ Cell# _____ Relationship _____

Name: _____ Phone# _____ Cell# _____ Relationship _____

Name: _____ Phone# _____ Cell# _____ Relationship _____

Emergency Authorization:

I give my consent for Temple Beth Tikvah Preschool to administer First Aid and CPR to my child _____ and to contact the named above Physician or Dentist if my child has a medical emergency.

I give my consent for my child _____ to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

_____ If there are changes to these arrangements, I will notify the school in advance in writing.
(Initial)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Consent Form

September 20__ - June 20__

.....
Child's Name: _____

_____ (Initial) I give permission for my child to take part in all school activities, including field trips such as a walk or travel by foot to a close area that is not licensed by the Office of Early Childhood.

_____ (Initial) I give permission to Temple Beth Tikvah Preschool to use any photographs of my child.

Social Media _____
(Initial)

Website _____
(Initial)

Media _____
(Initial)

Marketing Material _____
(Initial)

_____ (Initial) I **DO** give my permission for copies of the class rosters to be distributed to preschool families and/or posted on the preschool bulletin boards in the school. I understand this is only intended for the convenience of the preschool parents and will not be used for any other purpose. The class rosters contain the child's name, address, date of birth, parents' names and telephone number.

_____ (Initial) I **DO NOT** give my permission for our family information to be on the class rosters that will be distributed to preschool parents or posted in the preschool hallway. (If you choose this option, your child's name will appear on the roster and the rest of the information will not appear). Please keep in mind that most of the time, the information is shared so parents can make play dates for their children, invite children to parties or so a parent volunteer can make phone calls regarding book orders, etc.

_____ (Initial) I Agree that all student records remain the property of the School, except as may otherwise be provided by law.

_____ (Initial) I give permission for my child to consume food products for Shabbat, special snacks, projects and celebrations, except to the extent I (we) provide any exceptions to the Director in writing.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____