



*For Internal Use Only*

Entrance Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

# APPLICATION FOR ENROLLMENT 2009 - 2010

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Hebrew Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Address \_\_\_\_\_ Subdivision \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Synagogue Affiliation \_\_\_\_\_

Parent/Guardian #1	Parent/Guardian #2
Name _____	Name _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Email: _____	Email: _____
<input type="checkbox"/> Please send all electronic communications to this email address.	<input type="checkbox"/> Please send all electronic communications to this email address.
<input type="checkbox"/> I would prefer information sent home in my child's backpack.	<input type="checkbox"/> I would prefer information sent home in my child's backpack.
Home Phone # (if different from child's) _____	Home Phone # (if different from child's) _____
Address (if different from child's) _____ _____	Address (if different from child's) _____ _____
<b>Employment Information</b>	<b>Employment Information</b>
Place of Employment _____	Place of Employment _____
Address: _____ _____	Address: _____ _____
<input type="checkbox"/> I am currently staying at home with my child.	<input type="checkbox"/> I am currently staying at home with my child.
Occupation before staying home _____	Occupation before staying home _____

Parental Status:  Married  Separated  Divorced  Single  Widowed

Child's Living Arrangements:  Both Parents  Mother  Father  Other

Child's Legal Guardian(s):  Both Parents  Mother  Father  Other

## Emergency Contact Information

In the event of an emergency, we will make every effort to contact both parents. However, during the course of a school year, there are occasionally times when we are unable to contact a parent or someone other than a parent will be required to pick up a child. Below please list at least three emergency contacts and/or people to whom we may release your child in the event you are unavailable, including carpool:

	Name/Address	Home #	Cell #	Emergency Contact	Release my child to
1.	Name: Address:			<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: Address:			<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: Address:			<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: Address:			<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: Address:			<input type="checkbox"/>	<input type="checkbox"/>

Names of siblings (other than those enrolled in the Preschool):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Grandparents \_\_\_\_\_

Address of Grandparents \_\_\_\_\_

Name of Grandparents \_\_\_\_\_

Address of Grandparents \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

\_\_\_\_\_ I am interested in being a mentor to a new preschool family.

\_\_\_\_\_ I am interested in receiving information about becoming a member of Congregation Etz Chaim.

**Doctor Information**

Name of Pediatrician \_\_\_\_\_

Pediatrician Address \_\_\_\_\_

\_\_\_\_\_

Pediatrician Phone \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

**Emergency Medical Authorization**

Should (Child's Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

suffer an injury or illness while in the care of Etz Chaim Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

My child will be transported to Children's Healthcare of Atlanta at Scottish Rite.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Administrator \_\_\_\_\_ Date \_\_\_\_\_

What would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has the following special needs and/or has received therapeutic services in the past in the following areas: \_\_\_\_\_

\_\_\_\_\_

The following accommodations(s) may be required to most effectively meet my child's needs while at the program: \_\_\_\_\_

\_\_\_\_\_