

Registration



Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Sex: _____

FAMILY INFORMATION

Parent 1 Name: _____

Home Address: _____

Employer: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Parent 2 Name: _____

Home Address: _____

Employer: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Child lives with: ☐ Both parents ☐ Parent 1 ☐ Parent 2 ☐ Grandparents
☐ Parent 1/Stepparent ☐ Parent 2/stepparent ☐ Other Guardian

OTHER CHILDREN IN FAMILY:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Are any other languages spoken at home? _____

Do you identify with a Jewish denomination (*i.e. Reform, Conservative, Orthodox*)? If so, which? _____

If you are new to The J, please let us know how you found out about us:

Please describe your child's personality and anything you think would be helpful for your teacher to know:

AUTHORIZED PICK -UP INFORMATION:

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

Name: _____ Relationship: _____ Cell Phone: _____

MEDICAL INFORMATION:

Child's pediatrician: _____
Name Address Phone

Child's Dentist: _____
Name Address Phone

Any known special needs: _____ Allergies: _____

Any other health concerns: _____

Any dietary restrictions: _____

In case of emergency, transport my child to: _____ (Hospital)

Hospital address: _____ Hospital phone: _____

In case of an emergency in which the parents cannot be reached, please call:

	Name	Relationship	Phone number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By submitting this enrollment application, I hereby agree to comply with the policies and procedures of The J Center for Early Learning specified in the Parent Handbook and any other policy statements issued by the school during the year.

My signature verifies that all information provided is true and accurate:

Parent or Guardian _____ Date: _____

Permission/Liability Form

My Child _____ has my permission to participate in all school sponsored activities and excursions. This includes field trips by bus, car or class walks to nearby points of interest. I will be notified in advance of any off-campus trip, and may be provided with additional permission slips relating to such trips.

I understand that all reasonable measures will be taken to safeguard the health and well-being of the children while at The J Center for Early Learning. The J Center for Early Learning will notify me as soon as possible in the event of an emergency or other reportable matter. However, in the event of an accident I will not hold the school or drivers legally responsible.

In case of sickness or accident, on or off the school grounds, I authorize The J Center for Early Learning or its designee to contact physician(s), medical providers, first responders and others to provide medical or emergency services to care for my child(ren) at my expense. This includes treatment in a hospital emergency room, if such treatment is deemed necessary for the health and wellbeing of my child. Additional documentation may be provided at a later date to further the general permission granted in this paragraph.

As parents (guardians), we agree to relieve The J Center for Early Learning of any liability for accident or injury occurring on school premises or on field trips:

Parent/Guardian Signatures:

Parent 1 (or Guardian)

Date:

Parent 2 (or Guardian)

Date:

Pictures of my child taken by The J Center for Early Learning may appear in in-house publications (such as newsletters, Facebook, etc.); as publicity for the school; and in our student directory unless I opt out below:

- ☐ Do not publish photos of my child online.
- ☐ Do not publish photos of my child in print.