



Application Form

Enrollment date:

CHILD INFORMATION		
Child's Last Name:	First Name:	Date of Birth:
Home Phone:	Home Address:	
City:	State:	Zip Code:
PARENT INFORMATION		
Father's Name:	Mother's Name:	
Work Phone:	Work Phone:	
Cell Phone:	Cell Phone:	
E-mail:	E-mail:	
Address:	Address:	
Employer:	Employer:	
Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):		
EMERGENCY CONTACTS		
The following people are to be contacted in case of emergency if parents cannot be reached:		
Name:	Phone/s:	Relationship:
Name:	Phone/s:	Relationship:
MEDICAL INFORMATION		
Is your child up to date with vaccinations? If not, please attach letter from pediatrician.		
Does your child have any food or other allergies (including medications)?		
Is there any special medical or other information that we should know about? If so, please attach all relevant information.		
I hereby grant permission to the Preschool to contact these medical personnel to obtain emergency medical care if warranted. (use other side if necessary)		
Pediatrician Name:	Phone:	
Medical Insurance Co.:	Policy #:	
ATTENDANCE SCHEDULE		
Days: <input type="checkbox"/> M-F (5 day) <input type="checkbox"/> M-W-F (3 day) <input type="checkbox"/> Tue - Thu (2 day)	Hours:	
	<input type="checkbox"/> 8:30 – 12:30 <input type="checkbox"/> 8:30 – 3:30 <input type="checkbox"/> 8:30 – 4:30	<input type="checkbox"/> 9 – 12:30 <input type="checkbox"/> 9 – 3:30 <input type="checkbox"/> 9 – 4:30
REGISTRATION FEES		
Due with application <input type="checkbox"/> \$250 5 days <input type="checkbox"/> \$200 3 days <input type="checkbox"/> \$175 2days <input type="checkbox"/> \$150 2 nd child <input type="checkbox"/> VPK resource fee \$250		
PICK-UP AUTHORIZATION		
The following people are hereby authorized to pick up my child from school: (use other side if necessary)		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
SIGNATURES		
I hereby permit my child to participate in all school activities, and join in school trips beyond the premises. I hereby consent to the Ganeinu staff to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency. I also grant permission for my child to be photographed for promotional purposes.		
Parent signature:	Date:	
Parent signature: (in case of joint custody):	Date:	



Child Profile

Child's name: _____ Date of Birth: _____

What is your child's primary language?

Is this your child's first year in Preschool? If not, please describe his/her preschool experience until now.

Briefly describe your child's gross motor skills (walking, running, jumping, throwing etc.) and fine motor skills (tearing, beading, cutting, etc.):

Briefly describe your child's language development (a few words, two-word sentences, full sentences):

Please describe your child's bathroom needs (diapers, starting training, potty trained, etc.) and language for bathroom needs:

What are some of your child's favorite activities?

Does your child have any dislikes or fears?

Who are the important people in your child's life?

Please list siblings' names and ages:

Is there anything else you think would be helpful or important for us to know about your child?
(turn over if necessary)

We look forward to growing with your child!



The Legalese

Chabad Lubavitch of Southside, Inc. Discipline Policy

It is the policy of this school to use positive reinforcement whenever possible in eliciting proper behavior. Corporal punishment is never permitted in our school. Parents will be notified of any behavior problems in order that we may work together to assist students. The school reserves the right to request parents pick up any child whenever the director deems it necessary. The school also reserves the right to discontinue the child's enrollment if the child's behavior is deemed detrimental to the well being of other children or the staff.

{Section 65C-22.006(4), F.A.C. requires that the parents be notified in writing of the disciplinary practices used by the child care facility.}

Know Your Childcare Center

Chabad Lubavitch of Southside, Inc. is a licensed child care facility and has met Chapter 10M-12 of Duval County Childcare Standards. Our current license was issued on _____.

{Section 402.3125(5), F.S., requires that parents receive a copy of the child care facility brochure, "Know Your Child Care Facility".}

CHILD'S HEALTH RECORD

Chabad Lubavitch of Southside, Inc requires that these forms be provided before the first day of school. These forms must be kept up-to-date. Forms are obtained from your child's Florida physician. By signing below, I verify that I have received and understand the above noted information and that all information contained herein is complete and accurate. Although the medical information of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities will prevail. I understand that I must notify the director in writing if there are any changes in the information provided.

{Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) be provided to your child's school}.

Parent Guardian Signature _____ DATE: _____