

TEMPLE SOLEL EARLY CHILDHOOD REGISTRATION 2016 - 17

Personal Information: Temple Member Non-Member Parent Email: _____

Child's Name: _____ Date of Birth: _____

Male Female Preferred Name/Nickname: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Address: _____

City: _____ ST: _____ Zip: _____

Mother Name: _____ Daytime Phone: _____

Place of Employment, Address: _____

Father Name: _____ Daytime Phone: _____

Place of Employment, Address: _____

Guardian Name: _____ Daytime Phone: _____

Place of Employment, Address: _____

In Addition to Parents, list persons to be notified in case of illness or accident who can remove child from school:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

STUDENT WILL ATTEND:

3 DAYS MORNINGS FULL AM EXT.* PM EXT.*

5 DAYS MORNINGS FULL AM EXT.* PM EXT.*

EXT Care Morning Drop off Time: _____:_____ AM (as early as 7:45 am)

EXT Care Afternoon Pickup Time: _____:_____ PM (as late as 6:00 pm)

HEALTH CARE INFORMATION:

Child's Physician: _____

Medical Insurance Company: _____

Policy Number: _____ Policy Holder: _____

To assist in working with your child please list any special need or concerns that we should be aware of (special needs, allergies, family issues, interests, talents, abilities, physical or emotional problems): *Please free to use the back of this form*

I, the undersigned, authorize the staff members of Temple Solel to administer "First Aid" to my son/daughter, _____, if the need arises. If those individuals I have indicated to be called in an emergency cannot be reached, I will permit emergency services to transport my child to the hospital emergency room. I authorize medical attention from a licensed physician. I agree to accept full responsibility for payment of all medical services rendered.

I authorize I do not authorize Temple Solel's Early Childhood Center to use my child's picture in Temple promotional marketing.

I authorize I do not authorize my child to participate in camp enrichment classes offered during the preschool day as part of our curriculum.

Parent Signature

Date

Do you have custody restrictions of which the Temple office needs to be aware? Yes* No

**Please provide the Temple office with all appropriate paperwork*

Parent Authorization Code _____ (Choose a word or number)

OFFICE USE: Infant Care/ 1 year Class/ 2 year class / 3 year class / VPK class