



BETH JACOB PRESCHOOL
INDIVIDUAL REGISTRATION FORM
2018-2019 SCHOOL YEAR
(one per child)

Child's Legal Name _____ Birthdate _____ Sex _____

Hebrew Name _____ Nickname: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Mother's Name: _____ **Mother's Cell Phone:** _____

Mother's Occupation: _____ Mother's Work Phone: _____

Mother's Email Address: _____ Jewish from birth? Yes _____ Conversion _____

Mother's Street Address (if different from the child's): _____

City: _____ State: _____ Zip: _____

Father's Name: _____ **Father's Cell Phone:** _____

Father's Occupation: _____ Father's Work Phone: _____

Father's Email Address: _____ Jewish from birth? Yes _____ Conversion _____

Father's Street Address (if different from the child's): _____

City _____ State: _____ Zip: _____

Child's Living Arrangements (check one): Both Parents _____ Mother _____ Father _____ Other _____

Child's Legal Guardian/s (check one): Both Parents _____ Mother _____ Father _____ Other _____

Does your child keep Cholov Yisroel: Yes _____ No _____

EMERGENCY & MEDICAL CONTACT INFORMATION

In the event of illness, injury or an emergency where the parents cannot be reached, the following people can be contacted:

Name: _____ Relationship to Child: _____

Home: _____ Cell: _____ Work: _____

Name: _____ Relationship to Child: _____

Home: _____ Cell: _____ Work: _____

Physician/Clinic: _____ Phone: _____

Insurance Information (in case of emergency) _____

MEDICAL INFORMATION

Is there any medical/family/physical/special need information you think we should know about your child?

My child has received evaluation or therapy from the following services:

Developmental Pediatrician OT PT Speech Psychologist Hearing Vision

How can Beth Jacob Preschool best address your child's needs?

MEDICAL EMERGENCY TREATMENT AUTHORIZATION

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event of an emergency requiring medical attention for my child, and if I cannot be reached, or when delay would be dangerous to my child's health, I hereby authorize Beth Jacob Preschool to transport my child to the nearest medical facility and/or hospital. I hereby authorize Beth Jacob Preschool to secure for my child the necessary medical treatment. I shall assume responsibility for payment for services.

Please initial here.

ON-GOING MEDICATIONS

My child is currently taking on-going medication(s) and has the following pre-existing illness, allergies, or health concerns: _____.

This medication must be administered during Preschool hours. Yes No

If yes, please describe the dosage and specific instructions (with/out food etc.): _____

Please initial here.

ALLERGIES

Yes No (If yes, please check all that apply)

Tree nuts (walnuts, almonds, pecans, etc.)

Fish/shellfish

Eggs

Peanut or nut butter

Soy products

Milk

Plants

Animals

Insects

Medicine

Asthma

Hay fever

Other _____

Please describe the allergic reaction and the treatment for each allergy checked:

PARENTAL AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS 590-1-1-.20(1)

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. When applicable, please request an authorization form from the office, or access the authorization form online which will include: date, full name of the child, name of the medication, prescription number, dosage (dates and times) while in school and signature of parent.

_____ Please initial here.

NON-EMERGENCY MEDICATION

I give Beth Jacob Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container:

- | | |
|--|------------------------------------|
| _____ Baby Wipes | _____ Insect Repellent |
| _____ Band-aids | _____ Non-Prescription ointment |
| _____ Neosporin or similar ointment | (such as A & D, Desitin, Vaseline) |
| _____ Bactine or similar first aid spray | Other (please specify) |
| _____ Sunscreen | _____ |

_____ Please initial here.

ADDITIONAL CHILD INFORMATION

Sibling's names and ages: _____

Pet's name(s) and animal types: _____

Please tell us about your child. Include his/her personality, temperament, eating habits, etc. _____

CARPOOL PICK UP INFORMATION

Please list any family members, nannies, babysitters or friends that may be picking your child up from school.

- Name: _____ Cell: _____
- Name: _____ Cell: _____
- Name: _____ Cell: _____

_____ Please initial here.

PARENT AGREEMENT WITH BETH JACOB PRESCHOOL

I understand that Beth Jacob Preschool is run under Bright from the Start licensing.

_____ Please initial here.

According to Bright from the Start, our state licensing agency, we must have signed parental agreement for mixed age classrooms. Therefore, I agree for my child to be in the same classroom as other children of different ages, for example in the case of early morning drop off or after care.

_____ Please initial here.

I give my permission for taking my child's photograph/video that might be used on Beth Jacob's website page and/or publicity materials. YES: _____ NO: _____

_____ Please initial here.

I give permission for my address, phone number and email to be released to other Beth Jacob Preschool families. This is used primarily for a Preschool Directory as well as to give to parents for birthday party invitations.

YES: _____ NO: _____

_____ Please initial here.

I understand that before my child starts school that I must provide (or give access to) up-to-date immunization records. (Note: Beth Jacob Preschool has legal and confidential access to all child immunization records.) YOUR CHILD MUST HAVE CURRENT IMMUNIZATIONS TO ATTEND BETH JACOB PRESCHOOL ON THE FIRST DAY THAT HE/SHE WILL ATTEND BETH JACOB PRESCHOOL. BETH JACOB PRESCHOOL CAN ACCESS YOUR CHILD'S CURRENT CERTIFICATE OF IMMUNIZATIONS from the Georgia Department of Public Health (form 3231).

_____ Please initial here.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, carpool retrievers and immunization records, etc.

_____ Please initial here.

Beth Jacob Member: Yes ___ No ___ Synagogue Affiliation: _____

If you are not a member, may a Beth Jacob representative contact you about possible membership? Yes ___ No ___

Parent/Guardian Signature: _____ Date: _____

PRESCHOOL FINANCIAL INFORMATION

CLASS & TUITION FEE SCHEDULE FOR 2018-2019

TUITION

***Morning Care, 7:30-8:45am (Monday through Friday)**

_____ \$5 per day (per child)
 _____ \$845.00 per year per child

***Half Days, 8:45am-1:00pm (Monday through Friday)**

	<u>Beth Jacob Member</u>	<u>Non-Member</u>
3 days a week	_____ \$3,700 per year	_____ \$4,500 per year
5 days a week	_____ \$5,500 per year	_____ \$6,700 per year

***Full Days, 8:45am-3:00pm (Monday through Friday)**

	<u>Beth Jacob Member</u>	<u>Non-Member</u>
3 days a week	_____ \$5,700 per year	_____ \$7,200 per year
5 days a week	_____ \$8,500 per year	_____ \$10,500 per year

***After Care (not available on Fridays during daylight savings time)**

_____ **3:00-5:30pm (Monday through Thursday)** \$15 per day (per child) Please contact Robyn Grossblatt for pricing before 5:30pm pick up.
 _____ **3:00-4:00pm (Friday)** \$10 per day (per child)

MINI CAMP

Beth Jacob Preschool offers three Mini Camps throughout the year to specifically address the needs of our working parents. If you register for all three Mini Camps before September 1, you will get a 25% discount for each child registered. If you sign up for one or two Mini Camps before September 1 you will get a 15% discount for each child registered. Mini Camp can be paid along with tuition or separately in the form of check, credit card or through FACTS.

Cost: **Half Day** (8:45-1pm) \$35/\$30 sibling
 Full Day (8:45-3pm) \$45/\$40 sibling

	8:45-1	8:45-3
_____ Succos – Wednesday, September 26	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day
_____ Succos – Thursday, September 27	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day
_____ Succos – Friday, September 28	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day
_____ Winter – Wednesday, December 26	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day
_____ Winter – Thursday, December 27	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day
_____ Winter – Friday, December 28	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day
_____ Pre-Passover – Wednesday, April 17	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day

_____ **\$ Total Tuition for (name of child)** _____

TUITION AND POLICY AGREEMENT

Please indicate your acceptance of these terms by initialing next to each item.

_____ **FINANCIAL OBLIGATIONS:** Enrollment is confirmed after receipt of completed application and financial agreements have been completed. Families may pay the tuition either in full by check before the beginning of the school year or by completing registration with FACTS Tuition Management for monthly payments. An invitation to enroll in the FACTS system will be emailed to all families registered for the upcoming school year and will need to be confirmed before school starts. For students enrolling in Beth Jacob Preschool after the first day of school, tuition will be pro-rated.

Please choose one tuition payment option:

_____ Tuition in full by check before the beginning of the school year.

_____ Ten monthly payments through FACTS Tuition Management (August 2018-May 2019). If you checked this, please fill out the following information:

Parent Name: _____ Child's Name: _____

Signature: _____ Date: _____

Enter Preschool Tuition Payment Amount: \$ _____

Total Amount to be charged: \$ _____

_____ **MEMBER RATE:** Tuition will be charged at the member rate for families who maintain full membership status and are current in their Beth Jacob dues as of June 2018 when billing for the year is established. Annual financial obligations to Beth Jacob must be kept current throughout the school year. Families who become Beth Jacob members after the start of the school year will receive the member tuition rate for the remainder of their tuition once their first dues payment has been submitted. Members who do not remain in good standing, as determined by Congregation Beth Jacob, are at risk for their tuition reverting to the non-member rate.

_____ **WAIVER:** For themselves, their agents and their children, parents, by entering their signatures below on this form, waive any and all claims of every nature and description they, their agents or their children may have in the future against Congregation Beth Jacob Preschool, its administrators, teachers, employees or agents related to the Preschool unless such claims arise from the intentional wrongful acts or gross negligence of those parties otherwise released.

In signing below, you commit to paying the full year's tuition as indicated by your program selection(s) on this application (except in the case of relocation away from the Atlanta metro area). Per Rabbi Ilan Feldman, your signature below enters you into a halachically binding contract with the synagogue. The synagogue will enforce this responsibility fully.

I hereby register my child as a student of Congregation Beth Jacob Preschool and agree to abide by all school rules and regulations, as outlined in the Beth Jacob Preschool handbook.

Parent Signature _____ Date _____