

Cheder Preschool Enrollment Information

Family Name: _____

Child's Name _____ Birth Date _____ M _____ F _____

Child's Name _____ Birth Date _____ M _____ F _____

Child's Name _____ Birth Date _____ M _____ F _____

Father's Name _____ Hebrew Name _____

Address _____ City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Father's Business Place _____ Business Phone _____

Business Address _____ Work Hours _____

Mother's Name _____ Hebrew Name _____

Address _____ City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Mother's Business Place _____ Business Phone _____

Business Address _____ Work Hours _____

Father's Email _____ Mother's Email _____

Father's Hebrew Education _____

Mother's Hebrew Education _____

Conversions in Family? Please circle: Yes No

Person or persons authorized to pick up child:

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Emergency Authorization Form

Child's Name _____ Home Phone _____

Birth Date _____ Home Address _____

Weight _____ Child's Social Security # _____

Mother's Name _____ Father's Name _____

Employed At _____ Employed At _____

Business Phone _____ Business Phone _____

Mother's Cell _____ Father's Cell _____

Insurance Company _____ Last Tetanus Shot _____

Medications taken on a daily basis _____

Allergies _____

Name of friends or relatives who can pick up child in case of emergency:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Names of people who cannot pick up child for any reason:

1. _____ 2. _____

Physician/Dentist to be called in an emergency:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Hospital Preference _____

I hereby grant permission for the director or supervisory staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
(a) Call another physician or paramedic, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. The child's family will pay any expenses under 4 above.

Parent Signature _____ Date _____

Toddler and Preschool Information Sheet

Family and Social History

Child's Name _____ Date of Birth _____

Mother (Guardian) _____ Hebrew Name _____

Father (Guardian) _____ Hebrew Name _____

Marital Status of Parents: Married Divorced Separated Single Parent

Custody/Visiting Arrangements _____

Brothers and Sisters of Child: (Use back side for additional children)

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Other Members of Household:

Name _____ Age _____

Name _____ Age _____

Napping

Does your child take naps? _____ (From _____ TO _____)

Does your child have a special toy or blanket to sleep with?

Social Relationships

Do you feel your child will adjust easily to the preschool? _____

What makes your child angry or upset? _____

How does your child show his or her feelings? _____

Is your child frightened by such things as: animals, rough children, loud noises, the dark, or storms?

Favorite toys and activities at home: _____

Does your child like to be read to? _____ Listen to music? _____

Eating

Is your child usually hungry at meal times? _____ Between meals? _____

What are some of your child's favorite foods?

Least Favorite? _____

Does your child eat with a spoon? _____ Hands? _____

Are there any dietary restrictions we should know about? _____

Toilet Habits

Does your child indicate his toilet wishes? _____

Does your child need help with toileting? _____

Does your child have accidents? _____

How does your child react? _____

Parent Signature _____ Date _____

Health Records

(for parents to fill out)

Child's Name _____ Birth Date _____

Parent's Name _____ Phone _____

Address _____

Physician's Name _____ **Phone** _____

Address _____

Dentist's Name _____ **Phone** _____

Address _____

Does your child have a disease history of any of the following:

Disease History:	Date:	Operations:	Date:
Whooping Cough		Tonsillectomy	
Rubella		Adenoidectomy	
Chicken Pox		Appendectomy	
Mumps		Mastoidectomy	
Measles		Tubes in Ears	
Other		Other	

Any existing illness? Yes ___ No ___ If yes, please explain.

Any previous illness or injuries? Yes ___ No ___ If yes, please explain.

Any hospitalization during the past 12 months? Yes ___ No ___ If yes, please explain.

Any medication that is long term continuous use? Yes ___ No ___ If yes, please list them.

Any restrictions on normal physical activities? Yes___ No___ If yes, please explain.

Any chronic medical condition necessitating dietary supplements or restrictions, medications, or avoidance of allergies? Yes___ No___ If yes, please explain.

Please list any known allergies.

Does your child have a history of any of the following?

Vision Impairment	Yes _____	No _____
Hearing Impairment	Yes _____	No _____
Eye Infection	Yes _____	No _____
Ear Infection	Yes _____	No _____
Speech Problems	Yes _____	No _____

I certify that my child is enrolled in a regular medical program and has been examined by a doctor within the last 12 months.

Signature of Parent or Guardian

Date

Field Trip and Photograph Permission Information

Cheder Lubavitch schedules, from time to time, trips and excursions for enrolled children.

Notice of all the field trips will be noted in the weekly newsletters and posted near the front and back of the entrances of the Cheder at least three (3) days in advance.

The undersigned parent or guardian gives permission to the Cheder Lubavitch preschool to include his or her child in such field trips and excursions unless they specifically advise the teacher or school in writing in the case of a particular proposed trip.

The undersigned hereby gives permission to include his or her child on such trips and excursions and hereby releases the teacher, teacher's aides and school and/or children's center from any liability for any injury sustained or claim arising from such trips.

Furthermore, the undersigned gives permission to the Cheder Lubavitch preschool to photograph his or her son or daughter and use the resulting photographs for any purpose that the Cheder Lubavitch preschool deems proper.

Signature of Parent or Guardian

Date

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Cheder Preschool guidance and discipline policy

September, 2009

Dear Parents,

Please read the guidance and discipline policy that we have and sign your name at the bottom of the page.

Guidance and Discipline

The staff strives to create an atmosphere of acceptance for and to enhance the self-esteem of each child. When discipline is needed, we never use any type of physical punishment. The child will typically be separated from the group for a short time-out. Time out corresponds to the child's age. If a child is bitten, we wash the bite with anti-bacterial soap. We notify the parents of the child who was bitten and the parents of the biter.

We believe that:

1. All children need limits, which are consistently enforced.
2. Children need opportunities to learn to accept responsibility for the consequences of their actions.
3. Positive behavior should be reinforced in order to redirect inappropriate behavior.
4. Punishment is not to be used in connection with rest, food, or toilet training.

When a specific behavioral problem has been identified, the Director (and the primary teacher) will bring this to the attention of the child's parent(s) or guardian(s).

I have read the Cheder Lubavitch Preschool guidance and discipline policy.

Parent's printed name: _____

Parent's signature: _____

Date: _____