



GAN CHABAD PRESCHOOL REGISTRATION FORM SCHOOL-YEAR 5785

STUDENT'S INFORMATION

First & Last Name			Hebrew Name
Gender	DOB	Day or Night?	Prior Daycare Arrangements

PARENT'S INFORMATION

Child lives with Both Parents Mother Father _____

MOTHER

FATHER

<input type="checkbox"/> Single <input type="checkbox"/> Married to father <input type="checkbox"/> Married to other	<input type="checkbox"/> Single <input type="checkbox"/> Married to mother <input type="checkbox"/> Married to other
First & Last Name:	First & Last Name:
Full Address:	Address: (if different than mother's address)
Home ph #: () -	Home ph #: () -
Cell ph #: () -	Cell ph #: () -
Work ph #: () -	Work ph #: () -
E-mail:	E-mail:
Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted (pls provide docs) <input type="checkbox"/> Not Jewish	Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted (pls provide docs) <input type="checkbox"/> Not Jewish
Sign me up for <input type="checkbox"/> PTA <input type="checkbox"/> Event/Dinner Committee	Sign me up for <input type="checkbox"/> PTA <input type="checkbox"/> Event/Dinner Committee
Occupation:	Occupation:

Are there any ways you can be of assistance? Do you have access to any products that can help with the program or new building?

Is your family a member of a Synagogue? If yes, please specify:

Family Rabbi and/or other references:

Recommended to Gan Chabad by:

PHOTO RELEASE STATEMENT & MEDICAL EMERGENCY

____ I hereby grant permission for photography and videography, taken by the staff of Chabad Chayil of myself and my child's activities at Gan Chabad or any activities related to it for promotional or public relations purposes. I agree that I am to receive no compensation for my child's appearance and that this participation confers on me no ownership rights.

____ I give permission for my child to receive Tylenol and/or other medications and receive first aid when deemed necessary. I give permission for my child to receive emergency medical treatment from physicians in a medical facility, should he/she become seriously injured or ill. **Please list** any special medical instructions under Emergency Contact & Health Record section.

FEES

Registration	<i>Non-Refundable</i>	\$400 <i>Due at Registration</i>
Full Day Tuition	9:00-3:30 (Friday until 2:30)	\$11,000 (\$70 per day when enrolling or unenrolling midyear)
Breakfast, Lunch & Snacks		\$950

Terms (Please initial):

__ Paid in advance via Cash CashApp Check Credit Card PayPal Venmo Zelle
 __ Paid in 3 installments via credit card (Aug 1, Dec 1, March 1) __ Paid in 10 monthly instalments via credit card starting Aug 1
 __ 3% will be added when paying by credit card. Other forms of payment are only available when paying for the year upfront.

<input type="checkbox"/> Credit Card on File <input type="checkbox"/> Credit Card #	Exp	CUV
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Notes:

Signature _____ Total Tuition \$ _____

EMERGENCY CONTACT & HEALTH RECORD

In case of emergency, if either parent cannot be reached, I give authorization to contact:

Emergency Contact #1:	Emergency Contact #2:
Relationship to Child:	Relationship to Child:
Phone #	Phone #
Primary Care Physician:	Phone #

Physician's Address:

Medical Conditions/ Allergies:

Medications/ Treatments:

Special Dietary or Other Health Needs:

Does Child Have Health Insurance? Yes No Carrier: _____ Policy #: _____

Are there any areas in which you or your family would like assistance?

COMMUNICATION

Which way will you commit to respond to? eMail Facebook Text Message Phone Message Snail Mail

PTA VOLUNTEER

It takes a village to raise a child! Are you able to help? Being a part of the PTA can be a full-time commitment or just a few hours per month, and we'd appreciate your participation with however much of yourself you can share!

- Class Mother
 Homework Help
 Monthly Birthday Party Committee
 Holiday Party Committee
 Fundraising
 Movie Night Committee
 End-of-Year Dinner Committee
 Yearbook Journal Committee
 Street Fair Committee

Any other way you can help out?

ANYTHING YOU WANT US TO KNOW?

This form was handed on (date) _____ to (name) _____

(Parent) _____ scheduled an appointment with _____ on (date) _____ to confirm registration

For Internal Use: Processed by _____ CRM Attendance Complete

MUST MAKE AN APPOINTMENT FOR A TOUR AND MEET STAFF BEFORE REGISTRATION IS CONSIDERED COMPLETE



Internal Notes: