



Mailing Address: 75 Mason Street · Greenwich, CT 06830 · (203) 629-9059 / Fax: (203) 629-9467

Registration Form
& Emergency Contact Information
2020 / 2021

This form must be completed in its entirety (type or print clearly).

If the item is “not applicable”, please write “N/A”.

Child’s Name: _____ Birth Date: _____

Hebrew Name: _____ Boy / Girl _____

Home Address (Street, City, State, Zip Code): _____

Parent 1 Name: _____ Parent 1 Telephone Numbers: _____

Parent 1 Address if Different than Above: _____ Home - _____

Cell - _____

Work - _____

Parent 2 Name: _____ Parent 2 Telephone Numbers: _____

Parent 2 Address if Different than Above: _____ Home - _____

Cell - _____

Work - _____

Parent 1 _____ Parent 2 _____

Employer / Work Address (if not applicable – write N/A): _____ Employer / Work Address(if not applicable – write N/A): _____

Parent 1 Email: _____ Parent 2 Email: _____

Persons permitted to remove the child from Preschool on behalf of the parent:

Name / Phone # / Relationship: _____

Name / Phone # / Relationship: _____

(if additional space is needed, please include in “Comments” section at the end of this document)

Other Children in Household: _____ Name / DOB / School / Grade _____

Child’s Physician (name / telephone / address): _____ Child’s Dentist (name / telephone / address): _____

I give my consent for the First Aid and CPR certified staff of Chabad Preschool to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Signature: _____

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and understand the techniques used to manage child behaviors in the facility. I understand I can speak with the Preschool Director at any time with questions or concerns about the behavior policy.

Signature: _____

The Chabad Preschool campus consists of two separately licensed buildings located at 75 Mason Street and 6 Lincoln Avenue. We assign children to a classroom where they spend most of the school day; however, there are times they will attend a special program or activity in the other building. Your signature below indicates you are aware of this and that you give your permission:

I give my child permission to walk between 6 Lincoln Avenue and 75 Mason Street to attend special programs such as school wide holiday celebrations and outside playtime. I understand the security guard is present, and teachers always accompany the children. The classes use a walking rope for safety.

Signature: _____

I hereby permit my child to participate in field trips of Chabad Preschool. I understand that as a rule I will receive notice of any trip away from our facilities.

Signature: _____

I hereby give permission for my child to be photographed or video taped during school. Such photos and videos may be used for advertising and Promotions. Signature: _____

EMERGENCY CONTACT INFORMATION *(this section must be completed)*

Person(s) to contact in case of emergency or alternate pick-up if parent cannot be reached:

1. Name /Relationship:	Address:	Home #: Cell #: Work #:
2. Name /Relationship:	Address:	Home #: Cell #: Work #:
3. Name /Relationship:	Address:	Home #: Cell #: Work #:

Please note if there is anyone specifically **NOT** allowed to remove your child from school: _____

List any allergies and specify degree of severity:

Is child allergic to penicillin or any other drug that may need administration at the hospital?

Yes No If yes, please describe:

When did child last receive anti-tetanus injection? _____

COMMENTS:

Please circle the class and schedule you are selecting:

	CLASS			LUNCH	CLUBS
	DAYS			12–1 pm (optional for 2s)	1–2pm
Toddler Class	N/A	N/A	Two Days (TR)	N/A	N/A
Two yr. old (Aleph) <u>Morning: 9-12pm</u>	Five Days (M-F)	Three Days (MWF)	N/A	M T W R F (space is limited)	N/A
Three yr. old (Bet) <u>Day 9 – 1pm</u>	Five Days (M-F)	N/A	N/A	All 3s Stay for Lunch 5 Days	M T W R F
Four yr. old (Gimmel) <u>Day: 9-1pm</u>	Five Days (M-F)	N/A	N/A	All 4s Stay for Lunch 5 Days	M T W R F

Please register my child _____ in Chabad Preschool for the school year 2019/2020.

REQUIRED:

Parent's Signature _____ Date _____

A deposit of \$1500 per child is due at the time of registration. *Please note that full payment is due by May 1, 2020.* Check or credit card payments are accepted.

____ Enclosed is my non-refundable deposit of \$1,500. Make checks payable to Chabad of Greenwich. Please write "preschool" and your child's name in the memo section.

OR,

____ Please charge my credit card the \$1,500 non-refundable deposit.

Card Type:	Card #:
Security Code:	Expiration Date: