



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

**Kindergarten 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: _____

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? _____

Please register my child _____ in Chabad's Kindergarten program for the school year 2019/2020.

REQUIRED:

Parent's Signature _____

Date _____

A deposit of \$1,500 per child is due at the time of registration. *Half the balance is due before September 1, 2020, with the remaining balance due by December 15, 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: