



Gan Yeladim Playgroup

B"H

Child Information- 2013-2014



Family Name:

Father's name: _____
Last First

Mother's name: _____
Maiden First

Hebrew Name: _____

Hebrew Name: _____

Address: _____

Address (If different from the Father's): _____

City: _____ Zip: _____

City: _____ Zip: _____

Phone #:(H): _____

Phone #:(H): _____

Phone #:(W): _____

Phone #:(W): _____

Phone #:(Cellular): _____

Phone #:(Cellular): _____

E-mail: _____

E-mail: _____

In case of Emergency, (G-d forbid) People we can contact if parents are unreachable

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Children's Pediatrician: _____

Phone #:(W): _____ Phone #: _____

Address: _____ City: _____

Insurance Company: _____ Policy #: _____

Child #1.

Child's name: _____ Hebrew Name: _____
Last First Middle

Date of Birth: _____ Time: _____ a.m. / p.m. Jewish Birthday: _____

Does the child have any special dietary needs, health situations, or any specific learning challenges?
(Specify): _____

Special interests and activities: _____

Child #2.

Child's name: _____ Hebrew Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Time: _____ a.m. / p.m. Jewish Birthday: _____

Does the child have any special dietary needs, health situations, or any specific learning challenges? (Specify): _____

Special interests and activities: _____

List other members of the family that are not enrolled in Gan Yeladim Preschool:

Name: _____ Date of Birth: _____ Hebrew name: _____

Name: _____ Date of Birth: _____ Hebrew name: _____

Name: _____ Date of Birth: _____ Hebrew name: _____

DISMISSAL AUTHORIZATION

I hereby authorize: _____
to pick up my child /ren _____ from Gan Yeladim Playgroup (Include family members. If you are in a car pool, make sure to indicate all names).

Parent's Signature: _____ Date: _____

Parent Participation:

Monday—Friday 9:00 a.m.- 1:00 p.m.

\$375.00 a month

My Child will attend:

My Child _____ will be attending Gan Yeladim Playgroup for the school year 2012-2013.

Parents signature x _____ Date _____

Refunds are not available for school days missed.

Tuition Schedule

The tuition schedule for the program is \$375.00 per month.

Three morning Full year 9am - 1pm

Monday, Wednesday, Friday

\$250.00 per month

Early Care - 8:00am

Must be signed up in advance

Extended Care Until 4:00pm

Must be signed up in advance

I have completed the enrollment form and I have enclosed my registration fee and appropriate payment.

I understand that my child may be photographed during playgroup and the photographs may be displayed at Chabad, in Chabad literature, or on the Chabad website

In the event of an emergency, serious illness, or accident Gan Yeldaim playgroup has my permission to arrange for any necessary first-aid or care by a licensed physician for my child/ren while he/she is attending.

I agree to all the terms & information listed herein.

Signature of parent or legal guardian

x _____

Print Name: _____