

Chabad Tiny Tots Playgroup

Watch your child blossom!

www.ChabadSheepsheadBay.com

Registration Application 2016-2017

Please Print Clearly

Part I: *Student Information*

Last Name _____ First Name (English) _____
 First Name (Hebrew) _____
 Address _____ City _____ Zip _____ Phone _____
 Birth date _____ Age _____

Part II: *Parents’ Information*

Father’s Name _____	Hebrew Name _____
Work Address _____	Phone _____ Occupation _____
Mother’s Name _____	Hebrew Name _____
Work Address _____	Phone _____ Occupation _____
E-mail (parent) _____	Synagogue Affiliation _____

Part III: *Religious & Educational History*

Were there any conversions &/or adoptions in the family? Yes No
 If Yes, please explain.

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Part IV: *Referrals*

How did you hear about Chabad Tiny Tots Playgroup?

I Hereby permit my child _____ to participate in all school activities, and to join in class and school trips on and beyond school properties and use any transportation selected by the Chabad Tiny Tots Playgroup.

Signature of parent _____

Date: _____

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Registration Application 2016-2017 (continued)

Part V: *Medical Information* (confidential)

Up to date with vaccinations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of last tetanus shot _____	
Are there any special medical or other information, which we should be aware of? (Confidential)						
_____ _____ _____						

Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached:

Name:		Telephone #	
Relationship to child:		City	
Family Physician:		Telephone #	
Medical Insurance Co.		Policy #	

Medical Release Form

I hereby give consent to the administration of the Chabad Tiny Tots Playgroup to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of parent _____

Date _____

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Registration Application 2016-2017 (continued)

Registration Fee: \$200

I have enclosed \$_____ for registration.

Please check one or more of the following:

I am enrolling my child _____ in the:

Chabad Tiny Tots Playgroup standard program (9:00am-3:00pm)

Chabad Tiny Tots aftercare program (additional charges)

Tuition Fee: \$600 per month

I hereby agree to pay tuition of \$_____ every 1st of the month.

*****Tuition must be paid regardless of absence.**

Method of Payment: Checks Credit Card* Other _____

*Cardholder’s Name _____ Credit Card# _____ Exp.Date _____

CVV _____ Cardholder’s Address _____ Zip Code _____

Cardholder’s Signature _____

Notes:

Signature _____ Date _____

Chabad Tiny Tots Playgroup is a Project of Chabad of Sheepshead Bay
1315 Avenue Y ~ Brooklyn NY ~ 11235 ~ 718.934.9331

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Emergency Form 2016-2017

Child Information:

Childs Name: _____

Date of Birth: _____ / _____ / _____

Address: _____

Telephone Number: _____ - _____ - _____

Fathers Name: _____ Cell #: _____

Mothers Name: _____ Cell #: _____

Emergency Contacts:

Please choose individuals that are available and in a position to make a medical decision if a parent cannot be reached.

Name:	Contact # where individual can be reached during the day:	Relationship:
1.		
2.		

Medical Information:

Physician’s Name: _____ Telephone #: _____

Dentist’s Name: _____ Telephone #: _____

Specific notations, medical conditions, etc: _____

Is your child allergic to any foods or medications? _____

- I hereby authorize the Chabad Playgroup to give my child any medical attention in the event that I (or my emergency contacts) cannot be reached.

Parents Signature: _____