

BETH TIKVAH CONGREGATION
SHALOM PRESCHOOL PROGRAM - REGISTRATION FORM
Tuesday, Wednesday, Thursday and Friday – 9:00 am – 12:00 noon

BETH TIKVAH MEMBER: YES ___ NO ___ DATE _____

CHILD'S FULL NAME _____

AGE IN SEPTEMBER _____

DATE OF BIRTH _____ SEX _____

ADDRESS _____

POSTAL CODE _____ PHONE _____ E-MAIL _____

FATHER'S NAME _____ OCCUPATION _____

FATHER'S DAYTIME PHONE _____ FATHER'S CEL PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

MOTHER'S DAYTIME PHONE _____ MOTHER'S CEL PHONE _____

FAMILY: ADULTS AT HOME _____ SIBLINGS: _____

CHILD'S GENERAL HEALTH _____

SPECIAL NEEDS, SERIOUS ILLNESS (present or past), ALLERGIES _____

CHILD'S PREVIOUS EXPERIENCE IN A GROUP _____

CHILD'S SPECIAL LIKES _____

CHILD'S SPECIAL DISLIKES OR FEARS _____

DOES YOUR CHILD HAVE ANY MEDICAL AND/OR EMOTIONAL PROBLEMS?

HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME (Daycare, Nursery, etc.)

WERE THERE ANY SPECIAL PROBLEMS _____

SPECIAL WORDS USED BY YOUR CHILD FOR TOILETING _____

ANY FURTHER INFORMATION WHICH WILL HELP THE TEACHER TO GET TO KNOW YOUR CHILD (Please include any relevant birth history information)_____

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

**BETH TIKVAH CONGREGATION
RELEASE FORM
SHALOM PRESCHOOL**

CHILD'S NAME: _____

RELEASE OF PHONE NUMBERS AND ADDRESSES:

At the beginning of each Shalom Preschool program, the synagogue provides a list of all children enrolled in each class along with their parents' names, addresses and phone numbers to the families with children enrolled in our preschool program. This list is periodically updated and redistributed throughout the year. Your personal information **will not** be disclosed to anyone for business or commercial purposes.

_____ **YES** I give my consent for release of my home address and phone number.

_____ **NO** I do not permit the release of my home address and phone number.

PHOTOGRAPHS, NAMES AND MEDIA COVERAGE:

It is tradition in our programs to allow staff, parents and the media to photograph individual children or groups of children to commemorate various religious holidays or to promote other cultural or educational events taking place in our synagogue. Consent is required for the release of these pictures to be published along with your child's name and any comments your child may make that will be published. They may be published in our synagogue's newsletters or in our local newspapers and on rare occasions on television.

_____ **YES** I give consent for the use of my child's name, photograph and comments for purposes consistent with the above.

_____ **NO** I do not permit the use of my child's name, photograph and comments.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

**BETH TIKVAH CONGREGATION
PARENTAL CONSENT FORM
SHALOM PRESCHOOL PROGRAM**

Dear Parent

"Outings" are short walks outside of the building and playground, but within the property of the Beth Tikvah Synagogue. These walks are included in the Shalom Preschool Program in order to give the children enrolled an opportunity to explore and discover the outdoors. We request your support and consent with the understanding that all necessary precautions will be taken to ensure the safety of each child on these "outings".

I give my consent for my child/ren to be taken on "outings" within the property of the Beth Tikvah Synagogue.

DATE:

SIGNATURE OF PARENT/GUARDIAN:

Release Form

I understand that I assume all risks and hazards incidental to the conduct of this activity, and hereby release, absolve, indemnify and hold harmless Beth Tikvah Congregation and Centre Association, directors, supervisors and employees from all claims or injuries arising therefrom

Date _____ **Signed** _____
Parent or Guardian

BETH TIKVAH CONGREGATION
AUTHORIZATION FOR PICK-UP
SHALOM PRESCHOOL PROGRAM

I, _____, authorize the following people only to pick up my child, _____, from his/her Beth Tikvah Program.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

I understand that according to Licensing Regulations the teachers are not permitted to release my child to anyone **not** listed above without additional written permission provided by myself.

Signature of parent or legal guardian

Date signed

EMERGENCY CONSENT FORM

It is the policy of this Centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child. Return the signed card to the Centre immediately.

I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the staff of Beth Tikvah Congregation and Centre Assn. when I cannot be contacted. I consent to an ambulance being called to transport the child, if necessary.

Date

Signature of Parent/Guardian

EMERGENCY INFORMATION

Child's Name: _____ Birthdate: _____

Address: _____

Parent Name: _____ Phone: _____ Bus: _____

Cell: _____

Parent Name: _____ Phone: _____ Bus: _____

Cell: _____

Emergency Contact: _____ Phone: _____ Bus: _____

Cell: _____

Out of Province Emergency Contact _____ Phone: _____ Cell: _____

Child's Physician: _____ Phone: _____

Date of Most Recent Tetanus Shot: _____

Card Care No.: _____

Medications: _____

Medical Conditions/Allergies: _____

Child's Dentist: _____ Phone: _____