

Start Date (Office use only)

B"H



Jewish Beginnings

LUBAVITCH PRESCHOOL

6401 N. Santa Monica Blvd, Milwaukee WI 53217 (414-962-2444)

Infant/Toddler Registration

Please complete the entire form in clear print or type. Do not leave any field blank.

Child Name _____ Birth date _____ Boy / Girl

Hebrew name _____ Hebrew Birth Date _____

Address _____ City _____ Zip Code _____

Home Phone _____

Mother's name _____ Hebrew name _____

Address _____ Home Phone _____ Cell Phone _____

Occupation _____ Bus. Address _____

Business phone _____ E-mail _____

Father's name _____ Hebrew name _____

Address _____ Home Phone _____ Cell Phone _____

Occupation _____ Bus. Address _____

Business phone _____ E-mail _____

Marital status of parents _____ How long? _____

Custody Notes _____

Formal Titles of Parents (for addressing correspondence) _____

Is your child adopted? _____

Is there a conversion in the immediate family? _____ Whom? _____

Other children in household:

Name _____, DOB _____ Grade _____, School _____

Child Name _____
(Office use only)

Were there any problems in infancy, physical development, etc.? _____

Has your child ever been hospitalized or had a serious illness? If so, please explain _____

Does your child have any medical conditions which we should be made aware of _____

Does your child receive any medications regularly? _____

Any known allergies? No ____ Yes ____ If so, please explain _____

Any food restrictions? _____

At what hour does your child retire? _____ awaken? _____

Is your child completely toilet trained? _____

Does your child need any special reminding to use the bathroom? _____

Any special words your family/child use to describe body parts? _____

Any special words for body function; bowel movements _____ urination _____

Does your child dress him/her self at home? _____

What is your child's primary language? _____

Does your child speak: words _____ sentences _____?

Are there special names your family/child use to call family members (grandparents etc.) _____

What particular play activities does your child enjoy? _____

Not enjoy? _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

What do you find is the best way of handling your child? _____

Is your child frightened by any of the following?

Animals _____, Dark _____, Storms _____, Loud noises _____, Other _____

In what particular ways can we help your child? _____

Has your child had any previous group experience (preschool, daycare, day camp, etc...) _____

Any other comments or information you would like to share? _____

Child's Physician _____ **Phone** _____

Address _____

*I hereby give my consent for emergency medical care or treatment to be arranged with

Dr. _____ or Hospital _____, or with the closest physician and/or hospital as deemed necessary by emergency responders.

Parent/Guardian Signature _____ **Date** _____

Name of Insurance Company _____

Subscriber's Name _____

Group Number _____ Subscriber Number _____

*I hereby permit my child to participate in field trips with Jewish Beginnings. I understand that as a rule I will receive notice of any trips and each trip will require individual permission.

Parent/Guardian Signature _____ **Date** _____

*I hereby give my permission for my child to be photographed or videoed as part of his/her and other children's enrichment and enjoyment, and for possible use in advertising and promotion.

Parent/Guardian Signature _____ **Date** _____

*I have been informed of the number of pets in the center and their degree of contact with the enrolled children. If pets are added after a child is enrolled, parents will be notified in writing prior to the pet's addition to the center.

Parent/Guardian Signature _____ **Date** _____

Authorized and emergency persons: I hereby authorize the following person(s) to be notified **and** to pick up my child in my absence or in the event of an emergency

Name _____ **Relationship** _____

Address _____

Home Phone _____ **Cell** _____ **Work Phone** _____

Name _____ **Relationship** _____

Address _____

Home Phone _____ **Cell** _____ **Work Phone** _____

Parent/Guardian Signature _____ **Date** _____

What arrangements can you make for your child during illness? _____

Infant/Toddler rooms operation hours are 8:15am – 3:45pm (full days), 8:15am – 12:00pm (half days).
Before Care 7:30am – 8:15am, After Care 3:45pm – 6:00pm (cost is included in your tuition until age 2).
Infant/Toddler rooms operate during vacation weeks **excluding Jewish holidays**.

I wish to enroll my child for the following schedule (**please circle your choices for each day**):

Monday:	Full Day	Half Day	Not Attending	Early Care yes / no	After Care yes / no
Tuesday:	Full Day	Half Day	Not Attending	Early Care yes / no	After Care yes / no
Wednesday:	Full Day	Half Day	Not Attending	Early Care yes / no	After Care yes / no
Thursday:	Full Day	Half Day	Not Attending	Early Care yes / no	After Care yes / no
Friday:	Full Day	Half Day	Not Attending	Early Care yes / no	After Care yes / no

After Care on Fridays Early Dismissal only yes / no

Note: After Care on Fridays Nov-March is 2:00 –3:30. See Calendar for further details.

I wish to enroll my child in the lunch program: Yes _____ No _____ (cost is included in your tuition until age 2).

I would like my child to start the above schedule at Jewish Beginnings on _____

Please register my child _____ in Jewish Beginnings Lubavitch Preschool.

Parent/Guardian Signature _____ **Date** _____

Please enclose a non-refundable registration fee of \$25.00 and a deposit of \$100.00 (the deposit is non-refundable in the event of cancellation, but will be applied towards your tuition).

A Special Bond

Please share grandparent's information for special school events and grandparents' days;

Maternal Grandparents

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Paternal Grandparents

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____