

Teacher _____
Amount _____ w/sibling _____
Auto _____
Code _____



Reg Fee _____
CC/CK _____
Date _____
Initial _____

5560 S Monaco Parkway Denver, CO 80224

303-388-7543 ph 303-388-4210 fax

FALL REGISTRATION 2011-2012

Today's Date _____ Child's Birth Date _____ Sex _____

Child's Name _____
Last First Hebrew Name

Allergies or Health Concerns _____

Special Info (Speech PT or OT, etc.) _____

Two friends with whom your child would like to be placed #1 _____ #2 _____

MOTHER/PARENT 1

Name _____

Address _____

City _____ State: _____ Zip _____

Home # _____ Cell # _____

Occupation/Employer: _____

Work # _____ Work Address _____

EMAIL ADDRESS _____

FATHER/ PARENT 2

Name _____

Address _____

City _____ State: _____ Zip _____

Home # _____ Cell # _____

Occupation/Employer: _____

Work # _____ Work Address _____

EMAIL ADDRESS _____

	<u>7:30-9:00</u>	<u>9:00-12:30</u>	<u>12:30-3:00</u>	<u>3:00-6:00</u>
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	4:00

Check here for <u>Totalcare</u> Option 

Synagogue Affiliation: BMH-BJ _____ Other (please list) _____

PREVIOUS SCHOOLS ATTENDED

Name/Location _____ **Years Attended** _____

Name/Location _____ **Years Attended** _____

Persons authorized to pick up your child from school:

Name, address and phone # _____

Name, address and phone # _____

Name, address and phone # _____

Name, address and phone # _____

Name of any person not permitted to pick up your child:

Name/address of Grandparents _____

Hospital, address and phone of choice _____

Name, address and phone of child's doctor _____

Name, address and phone of child's dentist _____

IMPORTANT EMERGENCY INFORMATION

List two friends or relatives we may contact in case of an emergency if parents cannot be reached:

Name _____ **address and phone** _____

Name _____ **address and phone** _____

**BMH-BJ SYNAGOGUE PRESCHOOL
PERMISSION FORM**

1. I hereby grant permission for my child to use all of the play and gym equipment and participate in all of the activities of the school including photographs/video that may be used for publication.
2. I hereby grant permission for my child to leave the school premises under the supervision of school staff for neighborhood walks or for announced field trips in an authorized vehicle. I understand that my child will be securely buckled into said vehicle. I will supply a car seat, or my child will not be able to attend the field trip.
3. I hereby grant permission for my home phone number and address to be published in a class list.
4. I hereby grant permission for school staff to seek emergency care for my child if it is needed. I understand that all costs incurred in treating and transporting my child will be borne by my family.
5. The Preschool Director reserves the right to cancel enrollment when it is determined that further attendance is not in the best interest of the child or of the school.
6. I agree to pay any and all collection costs that may be incurred if my preschool tuition account becomes delinquent.
7. Families who are registered as of June 15 are obligated for the September tuition.
8. Families who are delinquent on their BMH-BJ dues will be charged retroactively for non-member tuition.
9. I hereby grant permission for the BMH-BJ Preschool to use appropriate limited video as part of class or aftercare.
10. I hereby grant permission for my child to rest or sleep on a mat.
11. I hereby grant permission for my child's name to be on an allergy list which will be posted in any room of the preschool.

Signature of parent or guardian

Date