

# Temple Kol Ami Early Childhood Center



## 2017 – 2018 / 5778 Registration Form

Child's Full Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Age as of 8/31/17: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:  Male  Female Child Is Living With:  Both Parents  Father  Mother  Other

Siblings Names & Ages: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Check One:  Temple Kol Ami Member  Non Member  Affiliated At Another Synagogue

### Program

(please check appropriate boxes for days and times)

#### Infants

5 Days  3 Days

#### One Year Olds (one and walking by 8/31/17)

5 Days  3 Days  2 Days

#### Toddlers (18 months by 8/31/17)

5 Days  3 Days  2 Days

#### Two Year Olds (two by 8/31/17)

5 Days  3 Days  2 Days

#### Three Year Olds (three by 8/31/17)

5 Days  3 Days

#### Pre Kindergarten (four by 8/31/17)

5 Days

**Hours:**  9:00-1:00  9:00-3:30  7:30-6:00 (5:00 on Friday)

I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by Temple Kol Ami. I further agree that I will not hold Temple Kol Ami or the Early Childhood Center and its employees, representatives, volunteers and agents responsible for any lost or damaged belongings or for any injury or illness my child or family members may sustain. I understand and agree that I will be financially responsible for any injury or illness my child or my family members may sustain at any Temple Kol Ami or Early Childhood Center facilities or activities.

\_\_\_\_\_ (initials)

In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aide as may be required for my child/children's health and safety. \_\_\_\_\_ (initials)

I agree that I will have a medical emergency form on file at the Early Childhood Center prior to my child's first day of school and will provide notice of updated immunizations. \_\_\_\_\_ (initials)

I give permission for my child to walk to any of the Temple's buildings for all Shabbat Services & Special Events and participate in water play with sprinklers in the summer months. \_\_\_\_\_ (initials)

Temple Kol Ami Early Childhood Center has my permission to take my child's photo for classroom display, internal publicity purposes and may put those photos on the Temple's password protected photo website.  Yes  No \_\_\_\_\_ (initials)

I give permission for my child's photograph to be used by Temple Kol Ami Early Childhood Center in any publication.  Yes  No \_\_\_\_\_ (initials)

My name, address, phone number and e-mail may be listed in the preschool directory.  Yes  No \_\_\_\_\_ (initials)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the front and back side of this form

