



Preschool Student Information Form

Child's Name: _____ Child's Birthdate: _____ Sex: M or F
Child's age on September 1st _____ Hebrew Name: _____

Mother's Name: _____

Address: _____

Telephone Number: _____ hm/wk Cell: _____

Email: _____

Place of Employment: _____

Work Number : _____

Father's Name: _____

Address: _____

Telephone Number: _____ hm/wk Cell: _____

Email: _____

Place of Employment: _____

Work Number : _____

Family Information:

With which parent does this child reside: _____

Communication should go to:

Mother's Home

Father's Home

Both Parents

We are members of Temple Shalom. YES _____ , members since _____ (year)

NO _____ we are not members

NO, _____ but would like member information

Temple Shalom Preschool is open to the community. We welcome all faiths.

We respectfully ask that you complete this section in order that we may be more sensitive to the needs of your child. (You are not required to complete this section)

Are both parents Jewish? _____

If no, please indicate other religious affiliation and the parent involved:

Is a religion other than Judaism practiced in your home? _____

2017-18 Tuition Form

Temple Shalom Preschool
1523 E. Monument Street
Colorado Springs, CO 80909

Family Name: _____ Child's Name: _____

There are three options for Preschool tuition payments. Preschool fees may be paid in full, in semester payments due in September and January or divided into 9 monthly payments due on **the first** of each month from September through May.

I agree to pay (initial one): ___ In Full ___ 2 Semester payments ___ 9 Monthly payments

Registration Fee: \$55.00 per child to be submitted with these registration forms to confirm and hold your child's place in our Preschool. This is a non-refundable fee.

Supply Fee: \$35.00 per child to be submitted at registration.

Snacks: Children take turns providing snacks for one week during the year. You may send in store-bought healthy snack items or give your teacher the funds (\$25) to purchase them as a courtesy for you. **Shabbat-Friday:** The children also take turns bringing in or purchasing Challah for Shabbat (\$4.00).

Please indicate the program in which you are enrolling your child and circle preferred week days:

____ 2 year old Preschool as of September 1 st :	Tues	*Wed	Thurs	Friday
____ 3 year-old Preschool as of September 1 st :	Tues	*Wed	Thurs	Friday
____ 4 year old Pre-Kindergarten as of September 1 st :	Tues	*Wed	Thurs	Friday
____ 5 year-old Pre-Kindergarten as of September 1 st :	Tues	*Wed	Thurs	Friday

<u>Yearly Tuition and fees:</u>	<u>Temple Member</u>	<u>Guest</u>
1 day	\$ 661.50 (73.50/mo)	\$ 907.20 (100.80/mo)
2 days	\$ 1304.10 (144.90/mo)	\$ 1748.25 (194.25/mo)
3 days	\$ 1795.50 (199.50/mo)	\$ 2362.50 (262.50/mo)
*4 days	\$ 2457.00 (273/mo)	\$ 3118.50 (346.50/mo)

We are enrolling our child for # _____ days: _____ and agree to pay \$_____.

*The 4th day has historically been Wednesday, and will only be offered if enough students are interested. We are in the process of considering Monday as the fourth day, instead. Please check here which day you would prefer and we will assess our enrollment to determine our fourth day option. Thank you. ___ We prefer Wednesday as a 4th day ___ We prefer Monday

Parent Signature _____ Parent Printed name _____.

When all registration forms are completed, please return/mail your registration forms with your \$55.00 non-refundable registration fee to Temple Shalom Preschool.

For school use only: Date received: _____ Pmt received: _____ Acceptance sent: _____

Temple Shalom Preschool Developmental Questionnaire

It will be most helpful to the Temple Shalom Preschool Staff to know as much about your child's home background and social and emotional growth as possible. We would appreciate you taking a few minutes to fill in the following questionnaire.

Family and Social History:

Child's Name: _____ Date of Birth: _____

Mother (or guardian): _____ Age: _____

Father (or guardian): _____ Age: _____

Marital Status of Parents: Living together Separated (how long __) Divorced (how long __)

Stepparents: Stepfather (how long _____) Stepmother (how long _____)

Custody/visiting arrangements:

If child is adopted: Age at adoption: _____ Is child aware of adoption? _____

Brothers and Sisters of Child:

Name: _____ Date of Birth: _____ Grade in School: _____

Name: _____ Date of Birth: _____ Grade in School: _____

Name: _____ Date of Birth: _____ Grade in School: _____

Name: _____ Date of Birth: _____ Grade in School: _____

Other members of the household (include relationship and age):

Who has cared for this child other than his/her parents: State whether adults or teenagers:

Has child had play group experience: _____ Where: _____

Does child have neighborhood playmates? _____ Specify: _____

Does child dress him/herself? yes no Undress him/herself? yes no

What time does your child usually go to sleep at night? _____ Wake-up? _____ Does he/she sleep well? _____

What are your child's favorite:

Indoor activities: _____

Outdoor activities: _____

Are you concerned with any of the following: (check those that apply)

- temper tantrums speech development timidity
 aggressiveness anxiety response to authority

Comments: _____

Health History of Child:

List Past Illnesses? What age?

Does your child have frequent colds? _____ If yes explain:

Tonsillitis? _____ Ear Infections? _____ Stomach aches? _____

Any other health problems that may have affected your child's development?

Any health problems that may affect your child's day at school?

Does your child have regular responsibilities at home? If so please list:

How do you feel your child gets along with other children?

Does your child have outside lessons or other group experiences, (i.e. playgroup, gymnastics, dance, sports, etc.)?

How do you hope your child will benefit from preschool?

Does your child have any fears that we should be aware of?

Does your child have any other special needs that we should be aware of?

What method of guidance/discipline is used in your home?

What is your child's usual reaction?

How would you describe your child's personality?

Please feel free to include more information on a separate sheet, if needed.

Temple Shalom Preschool Emergency Care Form

Child's name: _____ Birthdate/Current Age: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Medical Release:

In the event of a medical or dental emergency, I authorize the staff of Temple Shalom Preschool to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as well as my doctor/dentist.

Parent Name: _____ Parent Signature: _____

Child's name: _____ Age: _____

Allergies: _____

In case of an illness or injury at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked **in writing** by the parent or guardian.

Persons to be contacted for medical authorization if parent/guardian cannot be reached. These people are also authorized to pick up from preschool. Please list at least three additional people who we may contact in an emergency.

1. _____ Home number: _____ Cell: _____
Relationship to child: _____

2. _____ Home number: _____ Cell: _____
Relationship to child: _____

3. _____ Home number: _____ Cell: _____
Relationship to child: _____

4. _____ Home number: _____ Cell: _____
Relationship to child: _____

To better meet your child's needs in an emergency situation please provide the following information. Please explain any "yes" answers.

Vision (glasses/contacts) Yes No _____

Hearing (aides) Yes No _____

Medications Yes No _____

Educational/Special needs Yes No _____

Temple Shalom Preschool Medical Report

Must be completed and signed by a physician/health care professional.
Please attach a copy of your child's immunization records.

Signature of physician/health care professional

Date

Please print:

Name of physician/health care professional

Address

Phone number

Date of most recent examination of the child: _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate and attach to this form.

Describe any physical condition requiring the facility's special attention:

Medication(s) Prescribed:

Allergies:

Reactions for allergies: _____

Prescribed routine for allergies: _____

If tuberculin test given : Date: _____ Result: _____

If chest x-ray taken: Date: _____ Result: _____

Vision: _____ Hearing: _____

Past Illnesses—check those the child has had and give approximate dates:

Chicken Pox _____ Rubeola _____ Rubella _____

Rheumatic Fever _____ Asthma _____ Hay Fever _____

Diabetes _____ Mumps _____ Epilepsy _____

Whooping cough _____ Poliomyelitis _____ Other _____

Surgery/Accidents/Illnesses/ Chronic Health Problems: _____

Comments (please provide detailed information/procedures with dealing with specific health issues such as asthma attack, epilepsy) _____

Photo and Video Release Form
Temple Shalom Preschool and Religious School
2017-18

Child/Student 1 Name: _____

Child/Student 2 Name: _____

Child/Student 3 Name: _____

My child attends Temple Shalom Preschool or Religious School and I agree to allow photos and videos taken in the classroom, at recess and during programs to be placed on the Temple Shalom website, in the Temple Shalom Bulletin and on the Temple Shalom Preschool Facebook page without any personally identifiable information (such as name and address).

_____ I give permission for my child to participate in photo and video opportunities as described above.

Parent initial

_____ I do NOT grant permission for my child to participate in photo and video opportunities as described _____ described above.

Parent/Guardian Name _____(printed)

Parent/Guardian Signature _____

Date _____

Please sign and return this form to Temple Shalom with your registration packet.