



## 2018-2019 Preschool Registration Form

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

**Parent #1/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ hm/wk Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Number : \_\_\_\_\_

**Parent #2/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ hm/wk Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Number : \_\_\_\_\_

### Family Information:

Child resides with: \_\_\_\_\_ Both parents/guardians

\_\_\_\_\_ parent/guardian #1

\_\_\_\_\_ parent/guardian #2

Communication should go to:

\_\_\_ Both parents/guardians    \_\_\_ Parent #1/Guardian    \_\_\_ Parent #2/Guardian

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 parents/guardians Jewish? \_\_\_\_\_

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

\_\_\_\_\_

Is a religion other than Judaism practiced in your home? \_\_\_\_\_

# 2018-2019 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:** Families are invited to purchase a challah to take home each week (\$4.00 each loaf) or may pay by the semester (total price determined by number of weeks in session). The Shabbat Mommy/Daddy for the week brings home the Shabbat basket which includes a loaf of challah.

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

____ 2 year old Preschool as of September 1 <sup>st</sup> :	Tues	Thurs	Friday
____ 3 year-old Preschool as of September 1 <sup>st</sup> :	Tues	Thurs	Friday
____ 4 year old Pre-Kindergarten as of September 1 <sup>st</sup> :	Tues	Thurs	Friday
____ 5 year-old Pre-Kindergarten as of September 1 <sup>st</sup> :	Tues	Thurs	Friday

<u>Yearly Tuition and fees:</u>	<u>Temple Member</u>	<u>Guest</u>
1 day	\$ 687.00 (76.33/mo)	\$ 945.00 (105.00/mo)
2 days	\$ 1356.00 (150.67/mo)	\$ 1820.00 (202.22/mo)
3 days	\$ 1867.00 (207.44/mo)	\$ 2457.00 (273.00/mo)
*4 days	\$ 2555.00 (283.89/mo)	\$ 3243.00 (360.33/mo)

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

\*The 4<sup>th</sup> day has historically been Wednesday, and will only be offered if enough students are interested. Please check here if you would be interested in a fourth day options and we will assess our enrollment to determine a fourth day option. Thank you. \_\_\_\_

**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?

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Does your child have frequent colds? \_\_\_\_\_ If yes explain:

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Tonsillitis? \_\_\_\_\_ Ear Infections? \_\_\_\_\_ Stomach aches? \_\_\_\_\_

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

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

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

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

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

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How do you hope your child will benefit from preschool?

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

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

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

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What is your child's usual reaction?

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How would you describe your child's personality?

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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/Guardian Name: \_\_\_\_\_ 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**  
**2018-2019**

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 Facebook page without any personally identifiable information (such as last 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 Parent  
initial described above.

I understand that there are times when photography or video of Temple Shalom programming may be captured by outside print and news media organizations and circulated through newspapers, television and social media sites associated with these outside sources. I agree to allow these images and their likeness to be used 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.  
Parent initial

Parent/Guardian Name \_\_\_\_\_ (printed)

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please sign and return this form to Temple Shalom no later than August 26, 2018.*

*This form is required on an annual basis.*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_