



# The Alefbet Preschool at Congregation Beth Shalom

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Atlanta, Georgia 30360

770-399-7622

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## 2020-2021 ENROLLMENT FORM

PLEASE TYPE (OR PRINT NEATLY)

Birth date (mm/dd/yyyy)

Gender

Child's Full Name

Nickname

Home Address (Street Address, City, State and Zip Code)

Child's Primary Language/Secondary Language

Mother's Name/Home Address/Home Telephone Number

Mother's Email Address

Mother's Cell Phone

Mother's Profession/Place of Employment/Address

Father's Name/Home Address/Telephone Number

Father's Email Address

Father's Cell Phone

Father's Profession/Place of Employment/Address

*Sibling Information:*

Name(s)	Age(s)	School Attends

Child's Legal Guardian(s) \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Are there any custody arrangements for your child? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

(A court order with supporting documentation describing custody arrangements and restrictions must be provided.)

**Pick up/Drop off Authorizations:** Bright from the Start requires a minimum of one person other than a parent and/or guardian. My child may be released to the person(s) signing this agreement or to the following. This includes nannies and babysitters:

<b>Name/and relationship</b>	<b>Address (include complete street address, city, state and zip)</b>	<b>Cell #</b>

**Emergency Contacts:** Persons to contact in case of an emergency when parents cannot be reached. These people are authorized to make medical decisions concerning my child. Bright from the Start requires a minimum of one person other than a parent and/or guardian.

<b>Name/and relationship</b>	<b>Address (include complete street address, city, state and zip)</b>	<b>Cell #</b>

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

## HEALTH INFORMATION

\_\_\_\_\_  
Pediatrician or child's primary health care source name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Dentist name

\_\_\_\_\_  
Phone number

Does your child have any allergies or food restrictions? \_\_\_\_\_ If yes, please describe and attach care plan: \_\_\_\_\_

Does your child have any diagnosed special needs or medical conditions? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Are your child's activities restricted by any special needs, medical or other conditions? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. \_\_\_\_\_ **NONE**

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns unmentioned above: \_\_\_\_\_ **NONE**

Other Helpful Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

Insurance Carrier \_\_\_\_\_ Insured's Name \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

ID or Policy # \_\_\_\_\_ Member Service Phone Number \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_ suffer an injury or illness while in the  
Child's Full Name Date of Birth

care of The Alefabet Preschool and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept the financial responsibility for all medical and transportation expenses incurred.

\_\_\_\_\_  
Signature of Parent/Guardian (on behalf of both parents/guardians) Date (mm/dd/yyyy) Telephone

## HEALTH STATEMENT FORM

**\*\*\*ONLY TO BE COMPLETED BY CHILD'S PHYSICIAN\*\*\***

**Please check all that apply:**

- \_\_\_\_\_ This child \_\_\_\_\_ is followed in this practice on a regular basis and receives annual physical examinations. This child appears to have no significant health issues that I feel should keep this child from attending preschool at this time.
- \_\_\_\_\_ It is my recommendation that this child \_\_\_\_\_ **NOT** be put in preschool at this time due to health related issues.
- \_\_\_\_\_ The Certificate of Immunization with an expiration date is included with this form.

Sincerely,

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Physician's Office Stamp)

\_\_\_\_\_  
(Date)

**\*\*\*This Health Statement is to be filled out, updated, and submitted to the preschool annually.**

## FAMILY AGREEMENT

**PLEASE CHECK ALL THAT APPLY:** The center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

**1. TRANSPORTATION:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give – consent for my child to be transported and supervised by the operation's employees for emergency care

**FIELD TRIPS:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give – my consent for my child to participate in Field Trips transported by parent volunteer drivers. (This is for four year old classes only. Toddlers, Twos, and Threes do not participate on off premises field trips) Though I/we hereby grant to The Alefbet Preschool and any designated drive permission to transport my/our child to and from Alefbet Preschool on field trips and for special events, Field Trip Authorization Forms. Car seats and this year's school t-shirt are **REQUIRED** for each field trip or special event occurring away from the Preschool. My/our child will NOT be allowed to go with the rest of the class on a field trip if the Field Trip Authorization Form is not signed in advance of any trip. While the Preschool provides field trips for the children, it is my/our responsibility to be sure that the specific Field Trip Authorization Forms are signed for each trip and to volunteer to assist in transporting children on said trips.

**2. Parent's Comments:**

**3. WATER ACTIVITIES:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give – my consent for my child to participate in water activities: \_\_\_\_\_ sprinkler play \_\_\_\_\_ splashing/wading pools \_\_\_\_\_ table play

**4. VIDEO/PHOTOGRAPHY:** I give permission for my child to be photographed and videotaped for use by or on behalf of the facility for educational, training, curriculum, marketing and similar purposes. \_\_\_ Yes \_\_\_ No

**5. DAYS/HOURS:** The Alefbet Preschool agrees to provide day care for my child on: (check all that apply) \_\_\_\_\_ **Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **Friday** from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

**6. MEALS:** My child will participate in the following meal plan (check applicable snacks):  
\_\_\_\_\_ **Morning Snack** \_\_\_\_\_ **Afternoon Snack**

**7. MEDICATION AUTHORIZATION:** We do not dispense medication at school. If there is an extenuating circumstance, before any medication is dispensed to my child, I will provide a doctor's note along with authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

**8. SAFETY:** My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel and further that the authorized pick up person will be advised of carpool regulations by the parent and agree to follow those rules.

**9. RECORDS:** I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

**10. INCIDENT REPORTS:** The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

**11. FOOD:** I/we understand that no food may be brought into the synagogue building unless the Director has approved it first and it has a U with a circle around it on it. A plain K is not considered a kosher certification. Also, we will agree to follow the designated USDA lunch guideline outlined in the preschools parent policy and procedure manual.

**12. PHYSICAL THREAT:** I/we understand that when the Alefbet Preschool assesses a child to be a physical danger to other children, it reserves the right to ask the parents to withdraw the child within the time frame set forth by the Preschool Director. I/we understand that the Preschool will provide every opportunity to work with the parents and the child to improve the behavior so that the child is no longer a physical threat to the children. I/we understand that as parents it is our responsibility to be cooperative in making every effort to work with the school to improve the behavior. I/we understand that if we are not cooperative and the behavior continues the Preschool reserves the right to ask the parents to withdraw the child immediately.

**13. COMPLETION OF REGISTRATION, INFORMATION, AND PAYMENTS:**

Registration must be fully completed prior to the first day of school. I will notify The Alefbet Preschool and update all medical, family and other information previously provided as part of the registration of my child. Medical, family and other information may be shared among The Alefbet Preschool where necessary for registration. Additional registration information or materials may be needed to comply with local licensing requirements. Where applicable, all registration fees and/or tuition fees must be paid in connection with the registration of my child and use of the program.

**14. RELEASE OF THE ALEFBET PRESCHOOL:** In consideration of the registration of my child, I release The Alefbet Preschool and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the Center, or participation in the programs and activities conducted by The Alefbet Preschool other than to the extent caused by the negligent or willful misconduct of The Alefbet Preschool and their related companies, directors, officers, employees and agents.

**15. PARENT HANDBOOK, POLICIES AND PROCEDURES, USE OF CENTER:**

I have received, reviewed and understand the Parent Handbook and related information concerning The Alefbet Preschool and the child care services provided by The Alefbet Preschool. I will use the program in accordance with the terms of the Parent Handbook and The Alefbet Preschool policies and procedures made available at the Center. Use of the Center and the child care services may be denied in the event I do not comply with the terms of this Agreement, or when determined by The Alefbet Preschool to be in the best interests of my child or the children using the Center. The availability of the Center and the child care services are subject to change at any time.

I understand that the Preschool will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**DOES YOUR CHILD HAVE ASTHMA?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**EVEN IF YOUR CHILD DOES NOT HAVE ASTHMA, YOU MUST SIGN AND DATE AT THE BOTTOM OF THE PAGE.**

**16. THIS IS A RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING AN ASTHMA INHALER TO CHILDREN WITH ASTHMA** (Release) between The Alefbet Preschool and \_\_\_\_\_ (parent(s)/guardian(s) name) who are the Parent(s)/Guardian(s) of \_\_\_\_\_; (child's name). \_\_\_\_\_ (parent(s)/guardian(s) name) have requested The Alefbet Preschool provide emergency treatment for their child at The Alefbet Preschool and take certain actions described in the child's "Authorization for Care of Children with Asthma" (Authorization), which is attached to this Release and is hereby incorporated by reference.

**THE PARTIES AGREE THAT:**

1. \_\_\_\_\_ (parent(s)/guardian(s) name) releases The Alefbet Preschool and its officers, employees or agents from all liability which may arise as a result of The Alefbet Preschool administering asthma treatment or following the directions in the Authorization (including any additional physician's instructions or clarifications) as long as such employees or agents exercise reasonable care in taking such actions. \_\_\_\_\_ (parent(s)/guardian(s) name) also releases Congregation Beth Shalom and its officers, employees or agents from all liability arising out of the use of any materials and/or equipment supplied by the parent(s)/guardian(s) in connection with the asthma treatment as long as such employees or agents exercise reasonable care in the use of such materials or equipment.
2. This Release shall be governed by the laws of the State of Georgia, where The Alefbet Preschool is located.

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**ALL PARENTS—PLEASE SIGN BELOW**

**EVEN IF YOUR CHILD DOES NOT HAVE ASTHMA,  
THE FOLLOWING MUST BE SIGNED AND DATED.**

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

590-1-1-.20(1)

**Parental Authorization:** Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect repellent

\_\_\_\_\_ Non-prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby powder

Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

**\*The center will maintain in child's file**

**GENERAL BACKGROUND INFORMATION**  
**(We want to learn more about your child)**

1. How would you describe your child? \_\_\_\_\_  
\_\_\_\_\_

2. My child is:  Right-handed  Left-handed  Don't know yet.

How does your child adjust to new surroundings? \_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any fears?  Yes  No

If yes, please describe. \_\_\_\_\_

4. How does your child react to authority figures (teachers, directors, and other staff members)?  Shy  
 Reticent  Open  Cooperative  Stubborn  Other \_\_\_\_\_

5. How does your child adjust to group situations? \_\_\_\_\_

6. Has your child been in a school setting previously?

If so, what program? \_\_\_\_\_

How long were they enrolled? \_\_\_\_\_

7. Please check the activities which your child enjoys:

Building  Singing  Dancing  Climbing  Playing house  Tumbling  
 Drawing  Painting  Reading  Cooking  Cleaning  Water play  
 Movement  Dramatic play  Other \_\_\_\_\_

8. Does your child have any known food allergies? Is any special diet required for your child?

Yes  No (We provide kosher dairy snacks for all children)

If yes, please indicate allergies or requirements. \_\_\_\_\_  
\_\_\_\_\_

9. Does your child nap? \_\_\_\_\_ How many naps a day? \_\_\_\_\_ Approximate times: \_\_\_\_\_  
Do they sleep through the night? \_\_\_\_\_

10. What comforts your child when upset? What does your child do to comfort him/herself?  
\_\_\_\_\_  
\_\_\_\_\_

11. Does your child have a lovey or transitional object? \_\_\_\_\_  
Will it be helpful in his/her transition? \_\_\_\_\_ It may be brought to school if needed.

12. Is your child fully toilet trained? \_\_\_\_\_ Do they wear diapers or pullups? \_\_\_\_\_ What aspect of toileting does your child still need assistance with?  
\_\_\_\_\_

13. Please indicate if your child can put on or take off the following clothes unassisted? Write on, off or both next to each item. \_\_\_\_\_ socks \_\_\_\_\_ shoes \_\_\_\_\_ pants/shorts \_\_\_\_\_ underpants \_\_\_\_\_ shirt \_\_\_\_\_ jacket \_\_\_\_\_ hat \_\_\_\_\_ gloves \_\_\_\_\_ other \_\_\_\_\_

14. Please describe the behavior management techniques you use with your child at home. It is our goal to try to be consistent within our limitations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What else should your child's teacher know about your child's behavior, personality, social skills, or learning style or abilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What developmentally appropriate goals and accomplishments would you like your child to work on over the course of this school year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. May the teacher call on you for help in the classroom for special projects? \_\_\_\_\_

18. What expertise do you have that a teacher might utilize in the classroom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**WE LOOK FORWARD TO A TERRIFIC YEAR!**