

Start Date (Office use only)

Deposit



Jewish Beginnings

LUBAVITCH PRESCHOOL

6401 N. Santa Monica Blvd, Milwaukee WI 53217 (414-962-2444)

2 - 4 Registration

Please complete the entire form in clear print or type. Do not leave any field blank.

Child Name _____ Birth date _____ Boy / Girl

Hebrew name _____ Hebrew Birth Date _____

Address _____ City _____ Zip Code _____

Is there a conversion in the immediate family? _____ Whom? _____

Mother's name _____ Hebrew name _____

Jewish Yes No Converted: Orthodox Conservative Reform

Address _____ Home Phone _____ Cell Phone _____

Occupation _____ Bus. Address _____

Business phone _____ E-mail _____

Father's name _____ Hebrew name _____

Jewish Yes No Converted: Orthodox Conservative Reform

Address _____ Home Phone _____ Cell Phone _____

Occupation _____ Bus. Address _____

Business phone _____ E-mail _____

Marital status of parents _____ How long? _____

Custody Notes _____

Formal Titles of Parents (for addressing correspondence) _____

Is your child adopted? _____

ETHNICITY AND RACE DATA COLLECTION – Completion is optional. This center is required by Federal law to ask the following question concerning ethnicity and race. Your answers are strictly for statistical reporting. Select one or more of the following categories

Which of the following best describe your child: Asian or Pacific Islander, Black or African American, Hispanic or Latino, Native American or Alaskan Native, White or Caucasian, Multiracial or Biracial, A race/ethnicity not listed here

Other children in household:

Name _____, DOB _____ Grade _____, School _____

Name _____, DOB _____ Grade _____, School _____

Name _____, DOB _____ Grade _____, School _____

Name _____, DOB _____ Grade _____, School _____

Child Name _____
(Office use only)

Was child's birth premature? Yes _____ No _____ Any Complications? _____

Were there any problems in infancy, physical development, etc.? _____

Has your child ever been hospitalized or had a serious illness? If so, please explain _____

Does your child have any medical conditions which we should be made aware of _____?

Does your child receive any medications regularly? _____

Any known allergies? No ____ Yes ____ If so, please explain _____

Any food restrictions? _____

At what hour does your child retire? _____ awaken? _____

Is your child completely toilet trained? _____

Does your child need any special reminding to use the bathroom? _____

Any special words your family/child use to describe body parts? _____

Any special words for body function; bowel movements _____ urination _____

Does your child dress him/her self at home? _____

What is your child's primary language? _____

Does your child speak: words _____ sentences _____?

Are there special names your family/child use to call family members (grandparents etc) _____

What particular play activities does your child enjoy? _____

Not enjoy? _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

What do you find is the best way of handling your child? _____

Is your child frightened by any of the following?

Animals _____, Dark _____, Storms _____, Loud noises _____, Other _____

In what particular ways can we help your child? _____

Has your child had any previous group experience (preschool, daycare, day camp, etc...) _____

Any other comments or information you would like to share? _____

Child's Physician _____ Phone _____
Address _____

*I hereby give my consent for emergency medical care or treatment to be arranged with Dr. _____
or Hospital _____, or with the closest physician and/or hospital as deemed necessary by emergency
responders.

Parent/Guardian Signature _____ Date _____

Name of Insurance Company _____

Subscriber's Name _____

Group Number _____ Subscriber Number _____

*I hereby permit my child to participate in field trips with Jewish Beginnings. I understand that as a rule I will receive notice
of any trips and each trip will require individual permission.

Parent/Guardian Signature _____ Date _____

*I hereby give my permission for my child to be photographed or videoed as part of his/her and other children's enrichment
and enjoyment, and for possible use in advertising and promotion.

Parent/Guardian Signature _____ Date _____

*I have been informed of the number of pets in the center and their degree of contact with the enrolled children. If pets are
added after a child is enrolled, parents will be notified in writing prior to the pet's addition to the center.

Parent/Guardian Signature _____ Date _____

Authorized and emergency persons: I hereby authorize the following person(s) to be notified **and** to pick up my child in my
absence or in the event of an emergency

Name _____ **Relationship** _____

Address _____

Home Phone _____ Cell _____ Work Phone _____

Name _____ **Relationship** _____

Address _____

Home Phone _____ Cell _____ Work Phone _____

Parent/Guardian Signature _____ Date _____

What arrangements can you make for your child during illness? _____

School operation hours are 8:15am – 3:45pm (full days), 8:15am – 12:00pm (half days).
Before Care 7:30am – 8:15am, After Care 3:45pm – 5:30pm.

I wish to enroll my child for the following schedule (**please circle your choices for each day**):

Monday:	Full Day	Half Day / Not Attending	Early Care yes / no	After Care yes / no
Tuesday:	Full Day	Half Day / Not Attending	Early Care yes / no	After Care yes / no
Wednesday:	Full Day	Half Day / Not Attending	Early Care yes / no	After Care yes / no
Thursday:	Full Day	Half Day / Not Attending	Early Care yes / no	After Care yes / no
Friday:	Full Day	Half Day / Not Attending	Early Care yes / no	After Care yes / no

After Care on Fridays Early Dismissal only yes / no

Note: After Care on Fridays Nov-March is 2:00 –3:30. See Calendar for further details.

I wish to enroll my child in the lunch program: Yes _____ No _____

I would like my child to start the above schedule at Jewish Beginnings on _____

Please register my child _____ in Jewish Beginnings Lubavitch Preschool.

Parent/Guardian Signature _____ **Date** _____

Please enclose a non-refundable registration fee of \$25.00 and a deposit of \$100.00 (the deposit is non-refundable in the event of cancellation but will be applied towards your tuition).

A Special Bond

Please share grandparent's information for special school events and grandparents days;

Maternal Grandparents

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Paternal Grandparents

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____