



**INFORMATION FOR CHILDREN'S RECORDS**  
**School Year 2017-2018**

*Please print.*

Enrollment Date for current school year \_\_\_\_\_

**Family Information:**

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Parent/Guardian #1 \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Name of Parent/Guardian #2 \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Is there a custody agreement? (circle one) Yes No

**NOTE:** *If yes, please provide a copy for your child's file and understand that Temple property may not be used as a mutual meeting ground.*

**Emergency Contacts in the event parents cannot be reached:** (3 contacts are required)

\*\*Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*\*Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*\*Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Health Care Information:**

My child's allergies are listed below: (if none, indicate none.)

My child's surgeries are listed below: (if none, indicate none.)

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Authorization for Pediatric, Emergency, Medical, and /or Surgical Procedure:**

In the event my child requires medical care (and the determination thereof shall rest solely on you,) I hereby authorize the doctor and/or doctors and/or hospital to which he/she may be brought, to take and perform all necessary procedures and render any indicated treatment, including the administration of an anesthesia, if needed, and the performance of an operation, if, in the opinion of said doctor or doctors the same is necessary, while he/she is under Temple Sha'arey Shalom jurisdiction.

Name of Medical Insurance Carrier \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Does your family have hospitalization Insurance? (circle one) Yes No

Insurance Company Address \_\_\_\_\_

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

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

Date \_\_\_\_\_ Relation to Child \_\_\_\_\_

**Acknowledgements/Consents:** (initial each)

\_\_\_\_ I have received a copy of the Family Handbook, either on line or in the Preschool. I understand that: I am completely responsible for reading my handbook, in its entirety, before my child's first day of attendance; should I have any questions or require clarification of any of the contents, I am responsible for asking a member of the Preschool Office Team; this handbook is not inclusive and is subject to change.

\_\_\_\_ I am responsible for adhering to the policies and procedures as presented in the Family Handbook.

\_\_\_\_ I am aware that the Family Handbook outlines the following: Discipline Policy, Expulsion Policy, Healthy Foods Policy, Policy on the Release of Children.

\_\_\_\_ I have received a copy of the updated *Information to Parents* document from the Department of Children and Families, Office of Licensing, either on line or in the Preschool.

\_\_\_\_ I am aware that my child's file, including medical information and emergency contact information, must be kept up-to-date at all times.

\_\_\_\_ My child may take staff-supervised walks around the Temple building.

\_\_\_\_ My child's still photo or video may be used to publicize the Temple Sha'arey Shalom Preschool.

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