



Temple Beth Tikvah  
Preschool

**Enrollment Application**  
**September 2020 - June 2021**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Child lives with: Both Parents\_\_\_\_ Mother\_\_\_\_ Father\_\_\_\_ Other\_\_\_\_

Are you a member of our Synagogue: Yes\_\_\_\_ No \_\_\_\_

.....  
**Family Information:**

**Parent/Guardian 1:** \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Who is the primary contact person in case of Emergency \_\_\_\_\_

.....  
**Other Children in Family:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Additional Family information you would like to share \_\_\_\_\_

\_\_\_\_\_

**I am enrolling my child in:**

2 year old program, \_\_\_\_\_

3 year old program \_\_\_\_\_

4 year old program \_\_\_\_\_

M\_\_\_\_\_

T\_\_\_\_\_

W\_\_\_\_\_

Th\_\_\_\_\_

F\_\_\_\_\_

Extended Day 12:30-3:

M\_\_\_\_\_

T\_\_\_\_\_

W\_\_\_\_\_

Th\_\_\_\_\_

F\_\_\_\_\_

Before School 7:30-9:

M\_\_\_\_\_

T\_\_\_\_\_

W\_\_\_\_\_

Th\_\_\_\_\_

F\_\_\_\_\_

After School 3-5:30:

M\_\_\_\_\_

T\_\_\_\_\_

W\_\_\_\_\_

Th\_\_\_\_\_

F\_\_\_\_\_

Ready to Go (parent program) 9:30-11:

Tuesday\_\_\_\_\_

Thursday \_\_\_\_\_

My child's first date of enrollment will be \_\_\_\_\_

.....

\_\_\_\_\_ I give permission for my child to take part in all school activities, including field trips on and off school Property.  
(Initial)

\_\_\_\_\_ I give permission to Temple Beth Tikvah Preschool to use any photographs of my child.  
(Initial)

Social Media \_\_\_\_\_  
(Initial)

Website \_\_\_\_\_  
(Initial)

Media \_\_\_\_\_  
(Initial)

Marketing Material \_\_\_\_\_  
(Initial)

.....

**Applications can only be processed with the following items:**

Birth Certificate: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Health Records: \_\_\_\_\_

Immunization Records: \_\_\_\_\_

Non-refundable Deposit: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Emergency Form: \_\_\_\_\_

Tuition Agreement: \_\_\_\_\_

\_\_\_\_\_ If there are changes to these arrangements, I will notify the school in advance in writing.  
(Initial)

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

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

**Medical Information:**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Known Allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance ID \_\_\_\_\_

Childs Physician: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Childs Dentist: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Authorization for Release:**

I hereby authorize Tempe Beth Tikvah Preschool to release my child \_\_\_\_\_, to the following people, or to contact them in the event of an emergency to pick up my child:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Authorization:**

I give my consent for Temple Beth Tikvah Preschool to administer First Aid and CPR to my child \_\_\_\_\_ and to contact the named above Physician or Dentist if my child has a medical emergency.

I give my consent for my child \_\_\_\_\_ to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

\_\_\_\_\_ If there are changes to these arrangements, I will notify the school in advance in writing.  
(Initial)

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

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