

B"H



ChaiDaycare

A Home Away From Home



REGISTRATION INFORMATION

AGES 2 - 24 MONTHS



Phone: 718 399 3979

Web: www.ChaiDaycare.com

Email: Chaidaycare@gmail.com

Registration Form 2016/2017

Please return this registration form with a copy of your child’s birth certificate and your \$200 non-refundable registration fee to: Chai Day Care Office: 569 Vanderbilt Ave. Brooklyn, NY 11238

Please make checks payable to Chai.

Child’s First Name _____ Last Name _____

Hebrew Name _____ Nickname _____

Date of Birth ____/____/____ Age in September ____ Gender _____

Child’s home address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____

PARENT/GUARDIAN INFORMATION

(Please circle)

Parent’s name _____ Jewish Y/N Hebrew name _____

Address _____

Occupation and place of employment _____

Work number _____ Cell phone _____

Email _____

(Please circle)

Parent’s name _____ Jewish Y/N Hebrew name _____

Address _____

Occupation and place of employment _____

Work number _____ Cell phone _____

Email _____

Please mark a check next to your selection:

8:00 AM – 1:00 PM	8:00 AM – 3:00 PM	8:00 AM – 4:00 PM	8:00 AM – 6:00 PM
<input type="checkbox"/> 5 days per week	<input type="checkbox"/> 5 days per week	<input type="checkbox"/> 5 days per week	<input type="checkbox"/> 5 days per week
<input type="checkbox"/> 4 days per week	<input type="checkbox"/> 4 days per week	<input type="checkbox"/> 4 days per week	<input type="checkbox"/> 4 days per week
<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 3 days per week
<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 2 days per week

What date would you like your child to begin? _____

What ending date would you like? June 30,2017 August 18, 2017

Any specific days of the week you are interested in, or are you flexible? Please specify

We cannot guarantee day preference. Remember, we can best provide for those who are flexible.

Please note that if there will be any changes from the above selected days, there will be an additional \$150 charge. Changes will be made upon school's discretion.

PERSONAL HISTORY

Did your child have any previous childcare experience? _____

May we have permission to contact them? _____ Phone # _____

Does your child have any allergies? _____

Are there any physical disabilities or medical conditions that require accommodations or services? _____

Please explain: _____

Does your child have any bowel or bladder irregularities? _____

Is there any special food or eating instructions? _____

Are there any napping or sleeping instructions? _____

What language is spoken at home? _____

Any additional information such as discipline, child's communication, comfort, etc., you feel we should know? _____

How did you hear about Chai Daycare? _____

PICKUP

Persons authorized to pick up child _____

FAMILY INFORMATION

Sibling(s); please indicate age(s) and whether they live with your child.

Please list any other persons living with your child and their relationship (if any) with him/her.

Are you affiliated with any synagogue or religious organization?

_____ Yes, I am affiliated with (name of synagogue/organization) _____

_____ No, but I would be interested to join one.

_____ No

PERMISSION FOR HEALTH CARE

Child's Name _____

Child's Physician _____ Phone _____

Address _____

EMERGENCY CONTACTS

Please indicate telephone numbers where you and another authorized person can be contacted in case of emergency.

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Additional Authorized Person _____ Relationship to child _____

Address _____ Phone _____

FIRST AID

In case of an emergency, I authorize the staff to provide any First Aid care deemed necessary for my child.

Signature _____ Date _____

EMERGENCY CARE

In case of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

HEALTH RECORDS TRANSFER

In case of an emergency, I hereby authorize the transfer of my child's record to the local hospital.

Signature _____ Date _____

I will not hire any staff member as a personal babysitter or in any other capacity.

(Date)

(Signature)

I have reviewed the guidelines and I hereby register my child 2016 – 2017 school year.

Signature of Parent/Guardian _____ Date _____

Emergency Information

Child's Name: _____

Birthday: _____

Home Address: _____

Father's Name: _____

Mother's Name: _____

Important Phone Numbers

Father: home: _____ work: _____ cell: _____ email: _____

Mother: home: _____ work: _____ cell: _____ email: _____

Alternate Emergency Contact Person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies: _____

<p style="text-align: center;"><u>Permission for Trips</u></p> <p>I, _____, give permission to my son/daughter _____ to participate in supervised curricular and extracurricular activities that may include leaving the daycare building.</p> <p>Parent Signature: _____</p>	<p style="text-align: center;"><u>Permission for Pictures</u></p> <p>I give Chai Day Care permission for pictures and video to be taken of my child and used as seen fit.</p> <p>Signature: _____ Date: _____</p> <p><i>I choose not to have any pictures or video taken of my child.</i></p> <p>Signature: _____ Date: _____</p>
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**Please use this page to attach a family
photo along with a student photo**