



# Shalom שלום Yeladim ילדים EARLY CHILDHOOD CENTER

## REGISTRATION CHECK LIST

- ☐ Completed application
- ☐ Submit child's photo
- ☐ \$250 registration fee

## REGISTRATION TEANECK 2019-2020

### ENROLLMENT

- |                                     |                               |   |
|-------------------------------------|-------------------------------|---|
| <input type="radio"/> Infant        | <input type="radio"/> Nursery | <input type="radio"/> Early Care (7:00am-8:30am)        |
| <input type="radio"/> Young Toddler | <input type="radio"/> Pre-K   | <input type="radio"/> Early After Care (4:00pm-5:30pm)  |
| <input type="radio"/> Toddler       |                               | <input type="radio"/> Late After Care (5:30pm-6:30pm)   |
| <input type="radio"/> Toddler 2s    |                               | <input type="radio"/> Erev Chagim and Winter Break Care |

### Child's Name

Last	First	Middle	Nickname
Sex: <input type="radio"/> M <input type="radio"/> F			
Date of Birth		Hebrew Name	
Age of child as of September 30, 2019			
Street Address			
City/ State/Zip			
Home Phone		Primary E-Mail	

### PARENTAL INFO

#### Mother's Name

Street Address

City/State/Zip

Occupation

Employer

Business Phone

Cell Phone

Email

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried

#### Father's Name

Street Address

City/State/Zip

Occupation

Employer

Business Phone

Cell Phone

Email

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried

List other children currently enrolled at Shalom Yeladim

[shalomyeladim.com](http://shalomyeladim.com)

201.837.0837 | [tshalomyeladim@gmail.com](mailto:tshalomyeladim@gmail.com) | [shalomyeladim.com](http://shalomyeladim.com) | 780 Palisade Avenue, Teaneck, NJ 07621

## MEDICAL

Child's Doctor

Phone

Allergies

Does your child have any special needs we should be aware of?

## EMERGENCY CONTACT

Authorized person to pick up child or to contact in case of emergency, if parents are not available to assume responsibility of child.

Name

Relationship

Cell Phone

Other Phone

Name

Relationship

Cell Phone

Other Phone

## CUSTODY

Please describe custody arrangement (if applicable)

Please list any person **PROHIBITED** from picking your child up

If a non-custodial parent is NOT authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.

I (we) attest that all of the information we have supplied to Shalom Yeladim is accurate. I (we) have received the following information for my (our) home records, have read and understand them: 1) Information to Parents Document; 2) Policy on the Release of Children; 3) Philosophy of Discipline; 4) Policy on the Management of Illness/Communicable Diseases; 5) Policy on the Expulsion of Students from Enrollment I (we) authorize the center to seek emergency medical care for my child as deemed necessary by the director or the director's designee. I (we) give permission for my child to participate in walking trips within the center's neighborhood. 6) I give permission for Shalom Yeladim to use my child's image on social media and other marketing materials to promote the school.

Parent's signature

Date

Parent's signature

Date