

NON-REFUNDABLE FEES RECORD

Registration: \_\_\_\_\_ Date Received: \_\_\_\_\_

First Month: \_\_\_\_\_ Date Received: \_\_\_\_\_

## Application for Admission

**Child's Name** \_\_\_\_\_ Called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_

Address with ZIP \_\_\_\_\_

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

Place of Employment & Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

Address with ZIP \_\_\_\_\_

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

Place of Employment & Address \_\_\_\_\_

Email address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Brothers and Sisters:**

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

# CHILD'S PROFILE

What are his/her special interests? \_\_\_\_\_

\_\_\_\_\_

Does he/she have special needs? \_\_\_\_\_

What travel experience has he/she had? \_\_\_\_\_

\_\_\_\_\_

Does he/she like to play with other children or alone? \_\_\_\_\_

\_\_\_\_\_

How can we best help your child? \_\_\_\_\_

\_\_\_\_\_

Additional comments: (such as divorce, death new family member, ie baby Grandparent)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

## Financial Agreement

I understand that I am registering my child, \_\_\_\_\_, for the ENTIRE nine-month session. If I find it necessary to withdraw my child for any reason, I will give the school two (2) months' notice or pay two (2) month's tuition at the time my child leaves Beth Israel Preschool.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

## Field Trips (4 and 5 years olds)

I give my child, \_\_\_\_\_, permission to participate in field trips as part of his/her experience at Beth Israel Preschool. I release said school from all liability for injury which might result from said field trips. I understand that I will be informed in advance of said trips.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

## Release of Liability

I do hereby release Beth Israel Preschool and its staff from any and all liability that may arise from any future injury to my child, \_\_\_\_\_, resulting from other than willful or malicious actions by the releases, or any of them.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

## WEST NILE VIRUS

Beth Israel Preschool is committed to protecting our children from the potentially fatal West Nile Virus. Because we will take every child to the playground, it is important to use mosquito spray as protection against mosquito bites. Please carefully read, sign one of the following paragraphs, and return this form to us, along with the spray/repellant of your choice.

I understand that Beth Israel Preschool will apply insect repellant that contains 10% or less DEET daily to my child before going to the playground. I also understand that I will not hold Beth Israel Preschool legally responsible if my child contracts West Nile Virus.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I **do not** authorize Beth Israel Preschool to apply insect repellant to my child and understand that no insect repellant will be applied to my child. I understand that Beth Israel Preschool will take my child to the playground daily. I also understand that I will not hold Beth Israel Preschool legally responsible if my child contracts West Nile Virus.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature