

NON-REFUNDABLE FEES RECORD

Registration: _____ Date Received: _____

First Month: _____ Date Received: _____

Application for Re-Admission

Child's Name _____ Called _____

Date of Birth _____ Sex _____

Address _____

_____ Phone _____

Father's Name _____ Occupation _____

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 _____

Child's Physician _____ Phone Number _____

Brothers and Sisters:

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Medical Update

There have been the following important changes in the medical status of my child since the previous Application to Beth Israel Preschool (tubes in ears, allergies, speech therapy, etc.):

Dated: _____

Signature of Father

Signature of Mother

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

Revised November 2010