



2012-2013 Registration Form

2700 Spring Road Newport News, VA 23606 *757-930-1422* www.ujcvp.org

In order to secure your child's space, the Registration Fee must be returned with the Registration Form. Without exception, the registration fee is non-refundable. The Registration fee is equal to one month's school tuition:

Mazel Tots	2 day \$300 or (\$200 member rate)	3 day \$350 or (\$250 member rate)	5 day \$430 or (\$330 member rate)
Nitzanim	2 day \$235 or (\$135 member rate)	3 day \$280 or (\$180 member rate)	5 day \$360 or (\$260 member rate)
Parparim			5 day \$340 or (\$240 member rate)
Pirke Pre K till 2pm			5 day \$485 or (\$385 member rate)

The first Tuition payment (September) will be due by September 1st. Monthly tuition is to be paid by the first day of each month. Tuition received after the 10th day of the month will incur a \$10 late fee.

A health examination form, completed and signed by a physician, copy of insurance card and copy of birth certificate must be submitted by the first day of school. Please mail them or drop them off prior to the beginning of school.

For Office Use Only: App Date Rec'd _____ Check #/Deposit _____
 Non Refundable Dep. \$ _____ JM ___ LK ___ LM ___ NO ___

Parent or Guardian, please fill out the three page enrollment form:

PERSONAL INFORMATION:

Child's Name _____
 (Last, First, Middle) (Name child prefers)
 Birth date ___/___/___ Age as of September 30th _____ Girl ___ or Boy ___

Home Address (Street, City, St. Zip Code) _____

Home Phone _____ Cell Phone Mom _____ Cell Phone Dad _____
 Please circle the phone # you would prefer to be called on.

Mother's Name _____ Occupation/Employer _____ Work Telephone # _____

Father's Name _____ Occupation/Employer _____ Work Telephone # _____

Guardian's Name (if different from above) _____ Employer _____ Work Telephone # _____

Primary Email Address- please print clearly _____ Synagogue/Church Affiliation _____

EMERGENCY CONTACT INFORMATION:

Please be sure to complete this information so that we have someone to contact in the event we can not reach you.

Emergency Contact Name Cell #/Other # Relationship

Emergency Contact Name Cell #/Other # Relationship

I hereby authorize UJC Early Childhood Center to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after ->verification of ID. Initial Here

Name Cell #/Other # Name Cell #/Other #

Name Cell #/Other # Name Cell #/Other #

Name Cell #/Other # Name Cell #/Other #

Names of any persons NOT authorized to visit / pick-up your child (If it is a parent who has a legal right, any court order document must be on file.) Initial Here

Name Relationship to child (if any)

PHYSICIAN / HOSPITAL INFORMATION:

In case of an emergency & we cannot reach you please list the medical / dental contacts where we will first try to have your child treated. Initial

Family Physician Name Practice/Address Phone Number

Dentist's Name Practice/Address Phone Number

INSURANCE INFORMATION:

Insurance Company, Policy #, Subscriber Name, Place of Employment, Phone #

In the event we can not reach you or the emergency contact's listed, I give permission for my child to receive at: (Please circle all) Riverside, Mary-Immaculate, Sentara-Port Warwick, Sentara Hampton, Other

For major medical emergency, 911 will be called. For a minor injury, a child will be transported by a UJC employee with a parent's permission. Initial Here

Number of Children in the Family Sibling Names Birth Date Age Grade Gender Name of School

FAMILY INFORMATION: Initial Here Both Parents Living? Married Separated Divorced Other

Student is living with (please check all and list names: Father Mother Step-Father Step-Mother Grandparents Other Other

Please describe fully any potential problems, or unusual aspects of the child's life that might affect his/her performance at school or of which we should be aware. Please list all allergies that are relevant to preschool, any medications that the child takes on a regular basis, and the medical diagnosis. Initial Here

STATEMENT OF FINANCIAL RESPONSIBILITY: I accept full financial responsibility for all fees and payments related to participating in the UJC Early Childhood Center Program. This includes all school fees and before and after care fees if selected.

Signature of Parent or Guardian

Date

Occasionally we may need substitutes in our classrooms. Please check yes or no with your name below:

I may be available as a classroom substitute. yes when _____ Name _____

I may be available as a classroom substitute. yes when _____ Name _____

PERMISSION FORM: Children at the UJC Early Childhood Center may occasionally have their photo, name, image or likeness used for UJC publications (including our website and newsletter) and promotions (including articles, radio or television entities.) _____

Signature of Parent or Guardian

Date

ENROLLMENT: Placement of children will be done by the Preschool Director based on the order in which applications are received, input from teachers, and concerns of parents/guardians.

9am to 12pm Mazel Tot 12 month - 24 month by Sept 30th 2012

Tue/Thurs _____ Mon/Wed/Fri _____ Monday-Friday _____ Other _____

9am-12pm Nitzanim 2yr old by Sept. 30th, 2012

Tue/Thurs _____ Mon/Wed/Fri _____ Mon-Fri _____ Other _____

9am-12pm Parparim Must be 3yr old by Sept 30th and fully potty trained to move out of our 2's. Mon-Fri _____ Other _____

9am-2pm Pirke-PreK 4yr old by September 30th and fully potty trained. Mon-Fri _____

EXTENDED CARE: My child will be in:

Full time morning extended care _____ Full time afternoon extended care _____

Per Day AM Extended Care _____ Days Mon: _____ Tue _____ Wed _____ Thurs _____ Fri _____

Per Day PM Extended Care _____ Days Mon: _____ Tue _____ Wed _____ Thurs _____ Fri _____

My child will not be in extended care. _____

Before Care 7:00-9:00am _____

Aftercare:

12pm-3pm _____ 12-6pm _____ 2pm-3pm (PreK only) _____ 2-6pm (PreK only) _____

Membership (\$325/yr family)

Current _____ Yes please bill _____ No thank you _____ Comp per Director _____

Signature of Parent or Guardian

Date