



Registration Form

2700 Spring Road Newport News, VA 23606
104 Bypass Road Williamsburg, VA 23185
757-930-1422(NN) 757-645-2331 (Wmsbg.) 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. The first Tuition payment (September) will be due by September 1st. Monthly tuition is to be paid in advance of 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. \$ _____ *****

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

PERSONAL INFORMATION:

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

Home Address (Street, City, Zip Code) _____

Home Phone _____ Cell Phone Mom _____ Cell Phone Dad _____

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

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

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

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

EMERGENCY CONTACT INFORMATION: _____ Initial Here
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)
_____	_____
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 here**

_____	_____	_____
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 acceptable options)**
Riverside, Mary-Immaculate, Sentara-Hampton, Sentara-Williamsburg, 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 in home _____ Separated _____ Divorced _____ Other _____
Student lives with (please write first name where applicable)
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 no Name _____

I may be available as a classroom substitute. yes no 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. Please Indicate your Preference:

Newport News _____ Williamsburg _____

◆ 9am to 12pm **Mazel Tot** (12 month - 24 month by Sept 30, 2009) Newport News Only.

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

◆ 9am-12pm **Nitzanim** (2yr old by Sept. 30, 2009)

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

◆ 9am-12pm **Parparim** (Must be 3yr old by Sept 30th and fully potty trained to move out of our 2's)

Mon-Fri _____

◆ 9am-2pm **Pirke-PreK** (4yr old by September 30th and fully potty trained)

Mon-Fri _____

◆ 9am-3pm **Kindergarten** (5yr old by Sept. 30, 2009 and fully potty trained)

Williamsburg Only _____

EXTENDED CARE: My child will be in:

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

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

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

My child will not be in extended care. _____

◆ Before Care 7:30-9:00am Newport News _____ 8:00am-9:00am Williamsburg _____

◆ After care Newport News:

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

◆ Aftercare Williamsburg:

12-5pm _____ 2-pm Parparim only _____ 2-5pm Parparim only _____

Per Diem

◆ Before Care 7:30-9:00am Newport News _____ 8:00am-9:00am Williamsburg _____

◆ Aftercare Newport News:

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

◆ Aftercare Williamsburg:

12-5pm _____ 2-pm Parparim only _____ 2-5pm Parparim only _____

JCC Membership (\$325/yr) Current _____ Yes please bill _____ No thank you _____ Comp _____

Signature of Parent or Guardian Date