

B”H

Aleph Academy Registration Form

GENERAL INFORMATION

Child’s Full Name:

Preferred to be Called:

Birthdate:

Hebrew Name:

Address:

Phone:

Email Address:

Mother’s Name:

Address: (If different than child’s)

Phone

Email

Occupation:

Company

Company Address

Business Phone

Father’s Name:

Address: (If different than child’s)

Phone

Email

Occupation:

Company

Company Address

Business Phone

Parents' Marital Status

Married ___ Separated ___ Divorced* ___ Single ___ Widowed ___ Remarried** ___

*If divorced, custody status:

Please provide Aleph Academy with copies of any relevant court orders.

**If remarried, Stepparent(s) Name(s) :

Siblings:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

DEVELOPMENTAL HISTORY

We know the importance of the beginning days and weeks in the life of the family with a new child.

What was special to your family about your child's first days?

At what age did your child...

...sleep through the night?

...sit alone?

...crawl?

...walk alone?

...say first words?

...repeat short sentences?

At what time does your child usually get up in the morning?

At what time does your child usually fall asleep at night?

What is your child's primary language?

What does your family like to do together?

What part of the process is your child at in toilet learning?

How do you refer to this in your household?

One of parents' many roles is to teach a child right from wrong. How is this accomplished in your household?

How does your family handle separations? How can we support you in this?

How does your child react to new situations? How can we best support him/her with this?

Are there any transitional objects that your child uses as a means of comfort during rest time?

What are your child's general eating habits?

TUITION AGREEMENT:

Plan Chosen:

Plan A

Plan B

Plan C

It is the parents' responsibility to sign up with FACTS Management to create a tuition payment plan for their child.

Please Intial:

___ I understand that the registration fee is non-refundable.

___ I understand that the two week deposit is non-refundable, regardless of attendance.

___ I understand that tuition refunds will only be given for months without any attendance. **If even a portion of the month has already begun, no refund will be given.** Refunds will **not** be given for the months of April, May or June, regardless of attendance. There will be no exceptions.

EMERGENCY INFORMATION

It is required by Washoe County Social Services that parents fill out a "blue card" (found in your registration packet) as well as this part of our online registration form.

In case of an illness or accident not serious in nature but which my child would be better off at home, please call (in this order)

- a. Name Tel
- b. Name Tel
- c. Name Tel
- d. Name Tel

Person(s) Authorized to take child from facility:

Name: Address: Tel.:

Name: Address: Tel.:

Medical Information in Case of Emergency:

Name of Insurance Carrier:

Policy Number

My child has the following health conditions

My child takes the following medication

My child has the following allergies

Please initial:

___ I do hereby authorize that all of the above information is correct and that my child is fully able to participate in the routine program and does not have a contagious disease. In the event of an emergency, I hereby consent and authorize Aleph Academy/Chabad and its agents to seek medical help and provide transportation for my child if necessary, at my expense. It is understood that I leave the decision of what constitutes an emergency to the sole discretion of the Aleph Academy Staff.

___ I have read, understood and agree to abide by all policies in the Aleph Academy Parent Handbook.

___ I understand a current immunization record and physician's statement of good health are required. Failure to provide these records may result in dismissal from the program.

___ I understand that all childcare workers are mandated by law to report suspicions of child abuse or neglect.

___ I understand that pictures taken of my child may be used in school literature or for advertising.

___ I give my child permission to participate in walking field trips. I understand that these include spontaneous activities like walks in the neighborhood, to the park, or a store.

___ I understand that excellence in education can best be achieved when parents and teachers work as partners for the success of a child's school experience.

___ I allow Aleph Academy staff to apply sunscreen, that I provide, on my child.

I, _____, as parent/guardian of _____, for and in consideration of the agreement with Aleph Academy and Chabad of Northern Nevada release, acquit, discharge and hold harmless Aleph Academy and Chabad of Northern Nevada and its agents, employees, representatives, successors and assigns, for all manners of claims, demands and damages of every kind and nature whatsoever, which the undersigned may now or in the future have against Aleph Academy/Chabad of Northern Nevada and its agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person and the treatment thereof, as successors or assigns, including but not limited to their negligence or gross-negligence in executing the services above described or in any way incidental thereto. I, the undersigned, do hereby release, indemnify, and hold harmless Aleph Academy/Chabad of Northern Nevada and its affiliates, agents and subsidiaries from any and all actions or claims as a result of any injuries to my child or other children while participating in Aleph Academy.

Parent/Guardian Signature: _____ Date: _____

It is the parents' responsibility to keep these forms up to date. Please notify us of any changes.