



# Chandler Jewish Preschool Registration Form 2016-2017 GENERAL INFORMATION

875 McClintock Dr.  
Chandler, AZ 85226

T: 480-855-4333  
www.chabadcenter.com  
shternie@chabadcenter.com

1. Child's Full Name: \_\_\_\_\_

Likes to be Called: \_\_\_\_\_

2. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant is a \_\_\_\_ boy \_\_\_\_ girl

3. Home address of child: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

4. Telephone: ( ) \_\_\_\_\_

5. Parents are now: Married / Separated / Divorced / Father deceased / Mother deceased

Single parent /Child is adopted

6. Child lives with: \_\_\_\_\_

**7. Father of Child:**

**Mother of Child:**

\_\_\_\_ Mr. \_\_\_\_ Dr. \_\_\_\_ Rabbi Other: \_\_\_\_\_

\_\_\_\_ Mrs. \_\_\_\_ Dr. \_\_\_\_ Ms. Other: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: ( ) \_\_\_\_\_

Home telephone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Business telephone: ( ) \_\_\_\_\_

Business telephone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

8. Billing name and address: \_\_\_\_\_

9. Billing telephone ( ) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

10. Other correspondence/school reports should be send to: \_\_\_\_\_

11. Synagogue Affiliation, if any: \_\_\_\_\_

Is the natural mother of child Jewish? \_\_\_\_ Yes \_\_\_\_ No

For Office Use Only: Date Received: _____			
_____	Registration	_____	License
_____		_____	PTA
_____		_____	Deposit



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12. Language(s) spoken at home: \_\_\_\_\_

Language your child most frequently uses: \_\_\_\_\_

13. Please note any challenges, difficulties or disabilities (physical, speech, communication, emotional, academic, or other) which your child had or is presently experiencing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are there any health problems, including allergies, of which we should be aware? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please list and explain necessary medication and treatment: \_\_\_\_\_  
\_\_\_\_\_

15. Is your child toilet trained? \_\_\_\_\_ yes \_\_\_\_\_ no

THE INFORMATION REQUESTED ABOVE IS REQUIRED SOLELY FOR THE PURPOSE OF ENSURING THAT THE SCHOOL IS ADEQUATELY PREPARED TO (1) ADDRESS THE SPECIAL NEEDS FOR ANY POTENTIAL STUDENT AT THE SCHOOL AND (2) TO PROVIDE ALL STUDENTS AT THE SCHOOL WITH THE APPROPRIATE TIME, ATTENTION AND RESOURCES NECESSARY IN ORDER TO ENSURE THE MOST POSITIVE EDUCATION EXPERIENCE POSSIBLE. IN NO WAY WILL ANY OF THE INFORMATION REQUESTED ABOVE HAVE ANY EFFECT, DIRECTLY OR INDIRECTLY, ON THE DECISION OF THE SCHOOL TO ADMIT ANY POTENTIAL STUDENT.

16. Is your child currently attending school? \_\_\_\_\_ If yes, please list the following:

School: \_\_\_\_\_ Class: \_\_\_\_\_

School phone: ( ) \_\_\_\_\_ Name of teacher: \_\_\_\_\_

17. Please list the name, school name, and grade of any other children in the child's family:

Name	School	Grade/Class

18. We are interested in other information you feel may be pertinent. Please do not hesitate to share your thoughts below. You may attach an additional page if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please provide the name and phone number of relatives or friends in case parents cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_



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Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age as of 10/1/15: \_\_\_\_\_

**Non-Refundable Registration Fee: \$175**

<p><b>Waddler Room</b> 12months - 18 months 18months—23 months</p>	<input type="checkbox"/> 2 Day Half Day 9 :00am - 12:30pm <input type="checkbox"/> 3 Day Half Day 9 :00am - 12:30pm <input type="checkbox"/> 5 Day Half Day 9 :00am - 12:30pm <input type="checkbox"/> 5 Day Full Day 9:00am - 3:00pm	\$3750 \$4650 \$5100 \$6350
<p><b>Toddler Room</b> 2-3 yrs. old</p>	<input type="checkbox"/> 2 Day Half Day 9 :00am - 12:30pm <input type="checkbox"/> 2 Day Full Day 9 :00am - 3:00pm <input type="checkbox"/> 3 Day Half Day 9 :00am - 12:30pm <input type="checkbox"/> 3 Day Full Day 9 :00am - 3:00pm <input type="checkbox"/> 5 Day Half Day 9 :00am - 12:30pm <input type="checkbox"/> 5 Day Full Day 9 :00am - 3:00pm	\$3750 \$4250 \$4650 \$5200 \$5100 \$6350
<p><b>Pre-K Room</b> 4-5 yrs. old</p>	<input type="checkbox"/> 5 Day Full Day 9 :00am - 3:00pm	\$6350
<p><b><u>Extended Care: Yearly Fee</u></b></p> <p>Early Care 8:00am - 9:00 am 8:30am - 9:00 am</p> <p>After Care 3:00pm - 5:00pm 3:00pm - 4:00pm 3:00pm - 3:30pm</p>	5 Day <input type="checkbox"/> \$1295 per year <input type="checkbox"/> \$695 per year  <input type="checkbox"/> \$2076 per year <input type="checkbox"/> \$1295 per year <input type="checkbox"/> \$695 per year	

All fees are based on a yearly enrollment. 5% discount for siblings.

**Cooperative Fees:**

AZDHS LICENSE FEE \$50 per family    PTA YEARLY DUES \$25 per family

**Orientation will be on Monday, August 22nd at 11:15 - 12:00**

**First Day of School - Tuesday, August 23rd**



# Chandler Jewish Preschool Registration Form 2016-2017 SCHEDULE OF TUITION & FEES

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**Your registration fee, cooperative fees and a tuition deposit of your final month's tuition (10% of total tuition) are required with this registration form. Fees & Deposit are non-refundable.**

**Amount due:      Registration: \$ \_\_\_\_\_      Fees: \$ \_\_\_\_\_      Tuition Deposit: \$ \_\_\_\_\_**

Enclosed is payment in cash/check in the amount of \$ \_\_\_\_\_.

Please charge my credit/debit card in the amount of \$ \_\_\_\_\_.

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**\*A 3% convenience fee is added to all credit/debit card transactions.**

Tuition Balance may be paid in one of the following ways by check/cash or credit card:

9 Monthly installments dated August 1, 2016 - April 1, 2017. Postdated checks or credit card information must be submitted with registration form. Credit card information can be indicated above. Cards will be charged the first business day of each month

Payment in full by August 15th. An early payment discount of 5% will be applied to tuition balance.

Yes! Let me help a family in need at our school. Please add the following tax-deductible donation to the Scholarship Fund.

One time donation: \$18 \_\_\_ \$36 \_\_\_ \$72 \_\_\_ \$90 \_\_\_ \$180 \_\_\_ other \$ \_\_\_

Monthly donation added to my tuition: \$10 \_\_\_ \$18 \_\_\_ \$36 \_\_\_ other \$ \_\_\_

### Terms & Conditions:

Registration fee and final month's tuition are non-refundable once registration has been submitted.

Chandler Jewish Preschool tuition is a yearly commitment. Parents are given the courtesy of paying their tuition in 10 equal monthly payments. Payments are due on the 1st day of each month (August through May) and must be made by post-dated checks or by credit/debit card. I agree to pay my bill promptly. In the event of noncompliance with tuition payments a child's enrollment will be forfeited at Chandler Jewish Preschool. There are no tuition refunds after August 1st.

Chandler Jewish Preschool reserves the right to exclude any pupil temporarily or permanently at any time, if the Director deems such action advisable, either in the best interest of the pupil or the school. There are no tuition refunds due to exclusion. If I choose to withdraw my child, I understand that I am responsible for giving a 4 week written notice and payment for that 4 week period.

Chandler Jewish Preschool reserves the right to utilize photographs, images, videos and work-products of and by my child/ren in all internal and external communications.

Each parent's obligation is outlined in the Parent Handbook mailed to all families of enrolled children.

I have read, understand and agree to the above terms and conditions. I affirm that the information provided in this registration form is true.

Please print name of Parent(s) or Guardian(s):

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please sign name of Parent(s) or Guardian(s): (A signature from each parent is required.)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_



# Chandler Jewish Preschool Registration Form 2016-2017 Medical Release

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I hereby give permission, in the event of an emergency, for the Director, the Acting Director, or the Teacher at Chandler Jewish Preschool to take whatever steps may be necessary for the medical care of my child, \_\_\_\_\_. I understand that in order for Chandler Jewish Preschool to assume responsibility for my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The parent/guardian will be called. Note: If the parent/guardian is unavailable, the emergency contact person designated by the parent/guardian will be called.
2. Child's physician will be called.
3. If these efforts are unsuccessful, the following steps will be taken (order may vary depending on the situation):
  - A) Another physician will be called.
  - B) The child will be taken to the nearest emergency room accompanied by a staff member.
  - C) An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

In the event of an emergency, if I cannot be reached, I give consent for a Chandler Jewish Preschool staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance. I give consent to any emergency facility and physician to administer any necessary medical treatment to my child as the situation may warrant it.

Parent/Guardian confirms that it will hold Chandler Jewish Preschool or Chabad of the East Valley and its staff harmless from any liability which might arise from this consent. Parent/Guardian agrees to reimburse Chandler Jewish Preschool for medical expenses that have arisen while child is in our care.

**IMPORTANT:** In order for the school to assume responsibility for my child, I understand that I must sign the child in and out by placing my signature and time of arrival and departure on the sign in sheet.

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Parent/Guardian's Signature

Printed Name of Parent/Guardian

Date



# **Chandler Jewish Preschool Registration Form 2016-2017 Parent Volunteer Form**

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**Please sign up to volunteer and help us improve our school.**

*Please check one or more below.*

**Assist with Chandler Jewish Preschool Garden**

**Assist with Chandler Jewish Preschool Staff Appreciation Events**

**Share a hobby, culture, talent or profession**

**Assist with Chandler Jewish Preschool Outdoor Classroom**



# Chandler Jewish Preschool Registration Checklist 2016-2017

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- 1. Complete & Sign Registration Forms
- 2. Complete Immunization Records and Emergency Medical Information Form  
(colored paper) - both sides.  
The State of Arizona requires you to fill out this form in its entirety. Every line/question must be answered. If the question is non-applicable or if the answer is no, write "n/a", "no" or put a line through the space provided.  
or- Complete and sign an immunization deferral (if applicable).
- 3. Include payment for:
  - 3a. Registration Fee (\$175)
  - 3b. AZDHS License Fee (\$50/family)
  - 3c. PTA dues (\$25/family)
- 4. Submit completed Forms and Payments to Chandler Jewish Preschool

Mailing Address:  
Chandler Jewish Preschool  
875 McClintock Drive  
Chandler, Arizona 85226

**Note: Your child's registration can only be processed when all completed forms and all fees/deposits are enclosed.**

Once your complete registration is received Chandler Jewish Preschool will send you a confirmation letter confirming a spot for your child in our program as well as TADS enrollment information, and an updated parent handbook and a CJP school t-shirt.