

Application for Admissions

Date: _____

Child's Name: _____
Last First Known As

RAYNER ONLY OFFERS A FULL TIME, 5 DAY/WEEK PROGRAM BETWEEN THE HOURS OF 7:30AM AND 6:00PM.

Date of Birth: _____ Age: _____ Sex: _____ Last 4 Digits of Social: _____

Home Address: _____ City: _____ Zip: _____

Second Address (if Needed): _____

Mother: Name: _____ Last 4 Digits of Social: _____

Occupation: _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-mail _____

Father: Name: _____ Last 4 Digits of Social: _____

Occupation: _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-mail _____

Person(s) With Legal Custody of Child: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Individuals Permitted To Pick Up Children

My child(ren) has permission to be delivered or collected from school by the following individuals, also include the last four digits of their social security number and their relationship to the child(ren):

Individuals **NOT** permitted to Pick Up my Child(ren): _____

I understand that if the name does not appear on this list, my child will not be released from school. Further, I understand that I will need to give written permission if my child is to go home with someone other than these designated persons.

Signature

Date

Medical Information

Child's Physician: _____ Phone: _____ Preferred Hospital: _____

Child's Dentist: _____ Phone: _____

Allergies: Foods: _____

Medications: _____

Insects: _____

Other: _____

Does Your Child Require an Epi-Pen: ____ Yes ____ No

If yes, please describe need (which allergy): _____

Does your child have any condition which would limit their participation in the physical education program: ____ Yes ____ No

If yes, please specify: _____

Past Serious Injuries: _____

Past Serious Illnesses or Hospitalization: _____

Is Your Child Taking Any Medications: ____ Yes ____ No If yes, please list: _____

IMMUNIZATIONS: Please attach a copy of your child's immunization records with this application.

Additional Helpful Information

Has Your Child Had Previous Preschool Experience: ____ Yes ____ No?

If yes, Where: _____ and When: _____

Is there anything about your child's behavior that concerns you (at home or at school): _____

Other adults living with your family/child: _____

Family Information

Religious Affiliation: _____

If Jewish, Which Synagogue Are You Affiliated With: _____

Mother: High School _____ College _____

Certificate/Degree _____ Attending School Now? ____ Yes ____ No

Occupation: Present _____ Former _____

Future Plans: (School, Work, etc.) _____

Father: High School _____ College _____

Certificate/Degree _____ Attending School Now? ____ Yes ____ No

Occupation: Present _____ Former _____

Future Plans: (School, Work, etc.) _____

Siblings: Name

Sex

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____

First Aid Permission and Emergency

Child's Name _____ Age _____

I give **Alfred G. Rayner Learning Center Staff** permission to administer first aid to my child. In case of an emergency, the school staff promptly contacts the parents. If neither the parent nor the emergency phone number can be reached, and there is a case of surgical emergency, I hereby give permission to the physician selected by the Alfred G. Rayner Learning Center director to hospitalize and secure proper treatment for my child as named above.

Signature _____

Date _____

Consulting Physician Group: Bombet Pediatric Clinic Hospital: Our Lady of the Lake Hospital, Essen Lane.

In case of emergency when neither parent can be reached, please contact:

Name _____ Relationship to Child: _____

Address: _____ Phone: _____

Permission to Release Information

I give permission to have our address, phone number(s), and e-mail addresses listed in the School Directory. Please note below if names, address or phone should read other than that already on the application.

Signature _____

Date _____

Allergy List Authorization

I give permission to have my child's photograph and allergy listed on our allergy list in the classroom.

Signature _____

Date _____

Alfred G. Rayner Learning Center Permission Form

Permission to Photograph

On occasion, we may film or photograph events at the Rayner Center. Likewise, the newspaper and television stations sometimes cover events taking place here. It is the Rayner Center's policy not to release the names of children who are photographed to the media. However, we recognize that some parents do not wish for their children's picture to appear in the newspaper or promotional materials for the school. Therefore, we are asking that all parents sign a release allowing their children to appear in such promotional pictures. If you would prefer that your child not appear in such film or photographs, please let us know. We will make every effort to ensure that your child does not appear in film or photographs of any events at the Rayner Center.

I give permission for my child, _____ to appear in film or photographs promoting the Rayner Learning Center or events covered by the local media. I agree to hold the Rayner Learning Center and Beth Shalom Synagogue harmless for the release of such photographs.

Signature

Date

Water Activities Permission

Water activities include but are not limited to:

- ✓ Sprinkler Play
- ✓ Indoor Water Activities such as Sensory Table
- ✓

Water activities take place in the center or on the center grounds.

I give my permission for _____ (child's name) to participate in all water activities planned by the center. This permission will be valid for the duration of my child's enrollment in the Rayner Learning Center.

Signature

Date

Diaper Cream Application Permission

The Alfred G. Rayner Learning Center has my permission to apply diaper cream to my child, _____ as they deem necessary. This permission will be in effect until I withdraw my child from the preschool program or until I notify the school in writing of any changes.

Signature



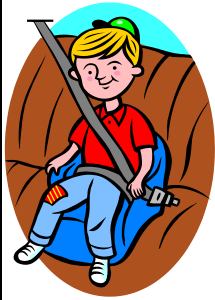
Non-Vehicular Excursion Authorization

My child, _____, has my permission to participate in the following off-site activities when the children are walking and accompanied by staff of the center.

Type of Activity	Location of Activity
Tumbling Tigers (Mousercise)	Social Hall
Tot Shabbat	Sanctuary
Louisiana Arts and Science Museum Discovery Dome	Social Hall
BREC Baton Rouge Zoomobile	Social Hall
School Pictures	Social Hall
BRPD Mounted Patrol	Parking Lot
Baton Rouge Fire Department	Parking Lot
K-9 Dogs (BRPD)	Parking Lot
Nature Walks	Around Rayner's campus
Sukkot Lunch/Snack	Patio adjacent to Synagogue
Rayner's Parties	Social Hall
Schoolwide Picnic	Social Hall

Parent's Signature

Date



Pick-Up List Addition



I _____ would like to add
(Your Name)

(Pick Up Persons Name & Relationship)

To _____
(Your Child's Name)
permanent pick up list.

(Your Signature)

Tumbling Tigers



COURTNEY MACHA

13752 LANDMARK DRIVE

BATON ROUGE, LA 70810

(225) 202-7835

Mousercise

Dear Parents,

I, Courtney Macha, owner and head coach of Tumbling Tigers am offering mousercise classes through Rayner Learning Center to all of the students. The mousercise classes are held once a week for thirty minutes in the social hall. There will be classes held on Tuesdays and Wednesdays. The 2 and younger 3 year old classes will be held on Tuesdays and the older 3 and 4 year old classes will be held on Wednesdays (all classes will be held before noon). Please have your child wear their tennis shoes for mousercise. If you have a daughter, please have her hair in a ponytail or away from her face on that day.

I require a \$28 registration fee to cover the cost of insurance. This will cover your child for the entire year. If paying by check please put your child's name on the check and make them payable to Tumbling Tigers. There will be a \$10 charge on all "NSF" checks.

*** **REMINDER** *** Rayner Learning Center will bill you each month (same as usual) in the amount of \$10.00. Only the registration fee will be paid to Tumbling Tigers.

The mousercise activities may differ each week but will mainly consist of an aerobics type class in which we will use a small trampoline, low balance beams, wedge mat and other specialized gymnastics equipment. Mousercise is a wonderful sport. It is not only great for the cardiovascular system, but also promotes and helps with coordination, development, and self confidence.

Thank you for your cooperation on all requirements and I am looking forward to a fun year!

Sincerely,

Courtney Macha

NOTE: YOUR CHILD MAY NOT PARTICIPATE WITHOUT REGISTRATION FEE AND FORM TURNED IN!

Tumbling Tigers



Courtney Macha
13752 Landmark Drive
Baton Rouge, LA 70810
(225) 202-7835

Mousercise Registration Form

Student Name _____ Sex _____ D.O.B. _____
Age _____ Teacher _____ Room # _____
Home Address _____ Zip Code _____
Father's Name _____ Hm. Phone Number _____
Father's Email _____ Wk. phone Number _____
Mother's Name _____ Hm. Phone Number _____
Mother's Email _____ Wk. Phone Number _____
Emergency Phone Number _____ Name _____ Relation _____

Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the above person participating in the mousercise program at Rayner Learning Center. I hereby release Courtney Macha from liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Courtney Macha and her employees. This acknowledgment of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Date

Parent or Guardian Signature

I have enclosed my check in the amount of \$28 for registration _____

Signature

RAYNER
MOUSERCISE PERMISSION
FORM

Tumbling Tigers

I GIVE PERMISSION FOR MY

Child(ren)_____to Participate
in Mousercise (Tumbling Tigers) as long as they are
enrolled at the Alfred G. Rayner Center.

Signature:_____

Date:_____

- I understand that no deduction will be made from tuition for absences of any type(s). I also understand that “absent days” cannot be made up, regardless of the cause of absence.
- In the event that I fail to pay amounts due to Rayner for tuition pursuant to this Agreement, I agree that I will be liable for interest, as well as attorney’s fees and costs incurred by Rayner for the prosecution and collection of such claim for amounts due.
- I understand that this tuition agreement is binding for the next 12 months and may not be changed.

<p style="text-align: center;">SUMMER 2017 (June 2017-August 2017)</p> <p>I/we agree to pay Rayner \$_____ per month for my child’s tuition.</p> <p>Start Date: _____</p> <p>Please circle months attending: June July</p> <p style="text-align: center;"><u><i>All students will attend school in August.</i></u></p>	<p style="text-align: center;">TUITION:</p> <p style="text-align: center;">3 MONTHS - 2 YEARS OLD</p> <p style="text-align: center;">\$750/month \$6,750/yearly (9 months)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">THREE, FOUR, AND FIVE YEAR OLD FEES</p> <p style="text-align: center;">\$700/month \$6,300/yearly (9 months)</p> <p style="text-align: center;">_____</p>
<p style="text-align: center;">Fall (September 2017-May 2018)</p> <p>I/we agree to pay Rayner \$_____ per month for my child’s tuition.</p> <p>Start Date: _____</p> <p style="text-align: center;">NO PARTIAL MONTHS</p>	<p style="text-align: center;">The Alfred G. Rayner Learning Center is a 5 day program for all students.</p> <p style="text-align: center;">NO PARTIAL MONTHS</p>

Responsible Party: (Mother’s Signature)

Responsible Party: (Father’s Signature)

Mother’s Social Security No.

Father’s Social Security No.