

# 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: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Second Address (if Needed): \_\_\_\_\_

Parent #1: Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Parent #2: Name: \_\_\_\_\_

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, 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: \_\_\_\_\_

Family'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: \_\_\_\_\_

Parent #1: High School \_\_\_\_\_ College \_\_\_\_\_

Certificate/Degree \_\_\_\_\_ Attending School Now? \_\_\_\_ Yes \_\_\_\_ No

Occupation: Present \_\_\_\_\_ Former \_\_\_\_\_

Future Plans: (School, Work, etc.) \_\_\_\_\_

Parent #2: 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.

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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.

\_\_\_\_\_

\_\_\_\_\_

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Signature

Date

### Allergy List Authorization

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

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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.

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**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.

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**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.

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**Signature**