

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 Child

My child has permission to be delivered or collected from school by the following individuals, their relationship to the child:

Individuals ***NOT*** permitted to pick up my child: _____

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: _____

Parent #2: High School _____ College _____

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

Occupation: _____

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. I hereby give permission to the school staff to call 911 and/or transport my child as named above to the nearest emergency room if they deem it necessary or if they are unable to reach me or my designated emergency contact.

Signature

Date

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