

Center for Early Learning

A joint program of the Yeshiva at the Jersey Shore and East Brunswick Jewish Center

511 Ryders Lane
East Brunswick, New Jersey 08816
Phone: 732-257-7070, Fax: 732-257-9630

**** ALLERGIES MUST BE**

LISTED HERE _____

Name of Child _____ Birthdate _____

Name Child is to be called at school _____

Hebrew Name _____

Home Address _____

(Street Address)

(City)

(Zip Code)

Home phone Number _____

Father's Name _____

Mother's Name _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Work Phone _____

Work Phone _____

CHILD'S PHYSICIAN _____ Phone _____

Physician's Address _____

(Street Address)

(City)

(Zip Code)

CHILD'S DENTIST (or Parent's) _____ Phone _____

PERSONS TO BE CONTACTED IN EMERGENCY (two required)

I understand that in the case of any emergency including my child becoming ill at school the following Person(s) will be contacted, in the order they are listed. If I cannot be reached call

1) Name _____

Relationship _____

Address _____

Phone _____

2) Name _____

Relationship _____

Address _____

Phone _____

Synagogue Member _____ Affiliate Member _____

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RELEASE FORM

Child's Name: _____ Date: _____

STATEMENT OF AUTHORIZATION

I, _____, hereby give my permission to The Center for Early Learning to call a doctor for medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me or my spouse _____, before any action will be taken. If it is not possible to locate us, this expense will be accepted by us. The director or teacher are authorized to execute all documents and releases necessary to obtain such emergency medical or surgical care. This authorization shall be valid until June 30, 2018.

Medical Treatment Signature: _____

AUTHORIZATION TO RELEASE

Persons authorized to pick up my child are listed below. Include parents, relatives, carpool drivers, friends, etc.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

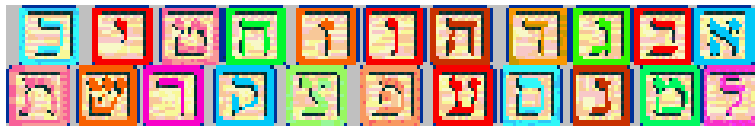
The following people are NOT authorized to pick up my child

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Signature: _____

I give my permission for my child to be photographed understanding the photos may be used in the media or in advertising

Signature: _____



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It will be most helpful for our staff to know as much about your child's home background and social and emotional growth as possible. We would appreciate you taking a few minutes to fill in the following questions.

Siblings:

Name: _____ Age: _____ Grade in school: _____

Name: _____ Age: _____ Grade in school: _____

Name: _____ Age: _____ Grade in school: _____

Other members of household: (Include relationship and age) _____

Who cares for child other than parents? _____

Your Child's History

Has child had group play or school experiences? _____ Where? _____

Does your child have any special fears of which you are aware?

Does your child have any developmental issues of which we should be aware?

Health History:

Has your child had any serious illnesses or surgeries? Please list include age at time:

Does your child have any recurring mild health issues such as colds or ear infections?

Does your child take any medication on a daily basis? _____

If yes, please list all medication:

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2017 - 2018 SCHOOL YEAR Payment Schedule

Full payments made prior to August 30, 2017 will entitle you to a 5% discount. Also a 5% sibling discount is taken off the younger sibling's tuition. **There is no refund for absences, holidays or for inclement weather that necessitates the closing of school.**

An enrollment conference with the director and/or classroom teacher may be required prior to the child's first day of attendance. The Center for Early Learning reserves the right to determine whether it can accommodate the needs of each individual child and may determine that it cannot provide an appropriate setting for a particular child. In such case, the financial responsibilities of the child's family will be terminated as of the exit date. In the case of a special needs child, The Center for Early Learning reserves the right to require that copies of the child's evaluation and/or the Individual Family Service Plan be forwarded to the director prior to enrollment. This information will be kept confidential by the administrative office and teachers.

The Center for Early Learning reserves the right to require prompt evaluation of behavior and/or learning patterns of a child, which affect his/her school performance and adjustment. If such evaluation is required, the parent and/or guardian shall arrange, at his/her expense, for this to occur within thirty days of notification from the school. If the evaluation is not performed within this time frame the school reserves the right to terminate this agreement and the financial responsibilities of the child's family will be terminated as of the exit date.

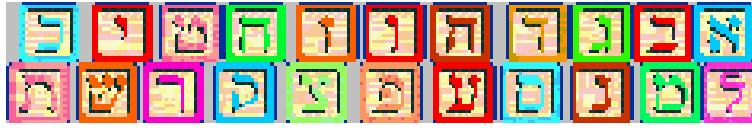
A class may be canceled if there is not adequate registration, as determined by, The Center for Early Learning by July 31, 2017.

In the event that a medical emergency occurs, The Center for Early Learning is authorized to seek emergency medical care for your child as deemed necessary by the Director and/or her/his designee.

Release of information to enrolled families for use in creating class lists is solely used internally for peer communications.

A tuition check will be collected in September. In order to register, you must return the completed application together with a check for June, 2018 tuition and 9 post-dated checks or leave a credit card number on file.

All checks will be deposited or credit card will be charged on the first of the month. If you have any questions concerning the above, please feel free to call the office. Please note: There is no reduction in tuition due to illness or vacation. It may be advantageous for you to prepay school tuition. For IRS rules and regulations, check with your tax advisor.



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MONTHLY NURSERY SCHOOL FEES (all ages)

	EBJC CONGREGANT	NON- CONGREGANT
5 Full Days-----	\$725	\$750
4 Full Days-----	\$625	\$675
3 Full Days-----	\$525	\$575
4 Half Days-----	\$425	\$475
3 Half Days-----	\$325	\$375

Returned check fee...\$30

Please make checks payable to East Brunswick Jewish Center (EBJC)

DUE WITH APPLICATION:

June 2018 tuition

Federal ID # 22-1716647 (for income tax purposes)

For More Information, Call 732-257-7070, Fax 732-257-9630 or e-mail LPerel@ebjc.org

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PLEASE INDICATE YOUR CHOICE OF WHEN YOU WOULD LIKE YOUR CHILD TO ATTEND

Child's Name _____ Family Email Address _____

THE 2 YEAR OLD PROGRAM

TIME:

_____ 9:00AM - 12:30PM

_____ 9:00AM - 3:30PM

DAYS:

_____ MONDAY, WEDNESDAY, FRIDAY

_____ MONDAY, WEDNESDAY, THURSDAY, FRIDAY

_____ MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY

THE 3 YEAR OLD PROGRAM

TIME: 9:00AM - 3:30PM

_____ MONDAY, WEDNESDAY, FRIDAY

_____ MONDAY, WEDNESDAY, THURSDAY, FRIDAY

_____ MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY

THE 4 YEAR OLD PROGRAM

TIME: 9:00AM - 3:30PM

(CHECK ONE)

_____ MONDAY, WEDNESDAY, FRIDAY

_____ MONDAY, WEDNESDAY, THURSDAY, FRIDAY

_____ MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY

Please specify your needs for before/after care: _____