

MISHKAN ISRAEL NURSERY SCHOOL
785 Ridge Road
Hamden, CT 06517
(203) 288-2375

REGISTRATION APPLICATION AND AGREEMENT – 2008 - 2009

Child's Name: _____ Date of Birth: _____ Age as of Sept. 1: _____

Address: _____ Town: _____ Zip: _____

Parent #1: _____ Home phone: _____

Address: _____ Town: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Parent #2: _____ Home phone: _____

Address (if different): _____ Town: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Are you Jewish?: _____ If not, what is your religion?: _____

Are you members of Congregation Mishkan Israel?: _____

I wish to enroll my child in the following program: _____

Age Group

Days

A \$200 non-refundable deposit is due with this application. Once you accept a space for your child, you agree to pay the full amount of tuition.

Parent's Signature

Date

Deposit paid: _____
 Date **Amount**

Other children in family:

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other persons living in the household:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Do you live in a house?: _____

Or an apartment?:

How long have you lived at this address?: _____

Does your child have the space and/or opportunity to play outdoors?:

What kind of things does your child enjoy doing most? (activities, toys, playthings):

What kind of things does the family do together?:

Do you have any pets at home?: _____ **If so, what are they and what are their names?:**

Medical history of the child – (Please check):

Has the child ever had?:

_____ **Surgery**

_____ **Overnight hospital stay**

_____ **Serious accident**

_____ **Broken bone**

_____ **Vision problem (please specify):** _____

_____ **Speech or hearing problem (Please specify):** _____

_____ **Allergies (Please specify):** _____

_____ **Any other problems:** _____

Does your child take any medication daily?: _____

If so, what?: _____

Please describe general health of child (frequent colds, earaches, fevers, easily tired, etc.):

How has child been cared for until now?: (Please check)

_____ Parent	_____ Day Care Home
_____ Other Relative	_____ Day Care Center
_____ Babysitter	_____ Nursery School

Is the child used to playing alone?: _____

With other children?: _____ **With adults?:**

What are the ages of his playmates?: _____

If your child has had previous group experience, please describe and state how long child was in the group:

What aspects of the group experience did your child enjoy the most?:

What aspects of the group did your child find least enjoyable?:

Does your child get along well when playing with others?:

If not, please describe the difficulty:

What kind of experience has the child had away from home, both with and without parents? (examples: trips, vacations, visits to relatives, etc.)

How does your child respond when left by parents?: (Describe reactions to the babysitters, etc.)

How does your child react to strangers?:

Does your child have any particular fears? (animals, the dark, being left)

How do you deal with his or her fears?:

At what age did your child begin to talk?

Can your child be easily understood?:

Is your child toilet trained?:

How will your child tell us he/she needs to go to the bathroom?:

What is your child's greatest strength and greatest weakness?

Strength: _____

Weakness: _____

What kinds of discipline have you found are most and least effective with your child?

Most effective: _____

Least effective: _____

What other information about your child would be valuable to our teachers?:

Has he/she had any experience within the past year which might have caused grief?

Has your child shown any unusual behavior in recent months?:

Nightmares: _____ **Stuttering:** _____ **New acquired fears:**

Others: _____

How does your child react to new experiences?:

Does your child nap?:

Habits: Eating _____ **Sleeping** _____

Toileting _____ **Fears:** _____

What do you enjoy especially in living with your child?:

What is especially hard in living with your child?:

How did you become interested in our school and what factors led you to apply?:

What do you expect your child to gain from his/her experience at Mishkan Israel Nursery School?:

In which ways can you as parents help us during the school year?:

Helping in the classroom

Special skills such as playing piano:

Other instruments:

Science: _____ **Art:** _____

Other skills which may be of assistance to the school

Newsletter: _____

We thank you sincerely for all of the time and effort you have spent in completing this form. We assure you that the information you have so thoughtfully provided will help us a great deal in becoming sensitive to the needs and special qualities of your child.

Signature:

Date:

MISHKAN ISRAEL NURSERY SCHOOL

EMERGENCY MEDICAL PLAN

Child's name _____

In the event of a medical emergency I _____
Parent's name

give my permission for the staff of Mishkan Israel Nursery School to
follow the Medical Emergency Plan as stated in the Parents' Handbook.

Parent's signature

Medical Emergencies

The following plan will be followed in case of medical emergency:

1. The parent is notified. Emergency contacts will be tried.
2. If there is time, parent will come and take the child to the doctor or hospital.
3. If the emergency is very serious, an ambulance will be called. A teacher will take the child's folder and accompany the child. Parent or emergency contact will be informed and asked to meet the teacher at the hospital.

EMERGENCY INFORMATION

Child's Name _____ Date of Birth _____
Address _____

Parent to be called in emergency _____
Phone: Home _____ Work _____ Cell _____

Parent to be called in emergency _____
Phone: Home _____ Work _____ Cell _____

PERSONS TO BE CALLED IF ABOVE CANNOT BE REACHED:
(Has permission to pick up child from nursery school)

1st _____ Phone _____
Relationship _____

2nd _____ Phone _____
Relationship _____

Child's Physician _____ Phone _____
Physician's Address _____

Hospital Preferred _____

Child's Dentist _____ Phone _____

Last DPT _____ Allergies _____

Medications _____

Other Medical Info _____

Signature _____ Date _____

MISHKAN ISRAEL NURSERY SCHOOL

I, _____ hereby give my permission for my
Parents name

child _____ to go on all class field trips.
Child's name

I understand that my child may walk, be transported by car or bus. In each case I
will be advised of the time, place and mode of transportation.

parent's signature

MISHKAN ISRAEL NURSERY SCHOOL

PUBLICITY PHOTO PERMISSION

I hereby give permission to Mishkan Israel Nursery School to publish
photographs of my child _____ in Synagogue
publications and in local newspapers for purposes of publicity or advertising.

PARENT'S SIGNATURE

DATE

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TUITION FOR 2008- 2009

PARENT AND TODDLER TOGETHER

\$45.00 Per Trimester

Wednesday
9:30 -11:00

2 YEAR OLD PROGRAM

2 Days

TEMPLE MEMBER \$2,100 per year
NON-MEMBER \$2,300 per year

Mon . & Thurs. or
Tues. & Fri. or
Tues. & Thurs.
9:00 - 11:30

3 Days and more

3 days a week \$3,450
4 days a week \$4,150
5 days a week \$4,600

Mon., Wed., & Fri.
9:00 – 11:30

3 & 4 YEAR OLD PROGRAMS

2 DAYS

TEMPLE MEMBER \$2,550 per year
NON-MEMBER \$2,750 per year

Tues. & Thurs.
9:00 – 12:00

3 DAYS

TEMPLE MEMBER \$3,060 per year
NON-MEMBER \$3,330 per year

Mon., Wed. & Fri.
9:00 - 12:00

5 DAYS

TEMPLE MEMBER \$3,945 per year
NON – MEMBER \$4,250 per year

Mon. – Fri.
9:00 – 12:00

PRE-KINDERGARTEN (for children who are not quite ready for Kindergarten)

5 Days \$4,250 per year

Mon. – Fri.

DAYCARE

REGULAR DAYCARE \$240 per week or \$48 per day
(includes lunch bunch and most classes)

OCCASIONAL DAYCARE \$25 per day + Regular Nursery School Fee
(2 days notice is required)

SPECIALTY SERVICES

LUNCH BUNCH – for 3 and 4 year olds only - \$5 a day. You will be billed at the end of the month.

ENRICHMENT CLASSES - 5 days a week - \$130 for 10 classes

A \$200 non-refundable deposit is due at time of registration.