



Ohavi Zedek Synagogue
188 North Prospect St, Burlington, VT 05401
802.864.0218
www.ohavizedek.org

Amy Small, Rabbi
Grace Oedel, Executive Director
Max B. Wall z"l Rabbi Emeritus
Joshua Chasan Rabbi Emeritus
Jerrold Held, z"l Cantor Emeritus

**FULL CIRCLE PRESCHOOL
ADMISSION FORM
2017-2018**

Please remit a processing fee of \$75 made out to Ohavi Zedek Synagogue to hold your space along with this form.

Child's Full Legal Name _____

Child's Preferred Name/Nickname _____

Sex _____ **Preferred Pronouns** _____

Birth Date _____

Address _____

SCHEDULING:

Days of week requested for child to be in the preschool center:

Full time (5 days M-F): _____

Part time (3 days MWF): _____

Part time (2 days TTh): _____

For all three options, please indicate which hours you are requesting:

School day (9-4): _____

Extended day (7:45-5:30): _____

Half day (9-12:30): _____

Parent/ Guardian Name _____

Home Phone _____ **Cell Phone** _____

Home Address _____

Place of Employment _____

Address of Employer _____



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Telephone _____

Parent/ Guardian Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Place of Employment _____

Address of Employer _____

Telephone _____

The staff at Full Circle Preschool will only release the child to the person(s) formally authorized by the parent(s) and/or legal guardian(s). Please provide the information for two emergency contacts who you authorize to remove your child from the center in case of illness, accident, or emergency **if the parent(s) and/or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Name _____

Home Phone _____ Cell Phone _____

Home Address _____

I authorize for the following people to pick up my child from Full Circle Preschool
Please list anyone who may pick up your child other than parent(s) or legal guardian(s).

Name _____

Telephone Number _____ Relationship _____

Name _____

Telephone Number _____ Relationship _____



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I give formal consent for my child to participate in field trips within the community under proper supervision in alignment with VT state licensing regulations. YES____ NO____

Child's Primary Physician _____

Telephone Number _____

Address _____

*Please attach a copy of your child's immunization records. Full Circle Preschool is required by law to gather this information. Thank you.

Name of Dentist _____ **Telephone** _____

Address _____

Please list all known allergies in detail:

Please list medical and/or dietary needs in detail:

Please tell us about your child:

I verify that the information on this admission form is complete and accurate.



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Signature of Parent or Legal Guardian

Date