



**Ohavi Zedek Synagogue**  
188 North Prospect St, Burlington, VT 05401  
802.864.0218  
[www.ohavizedek.org](http://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  
2018-2019**

**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:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Preferred Pronouns:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Preferred Pronouns:** \_\_\_\_\_



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**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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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:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_



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**Child's Primary Physician:** \_\_\_\_\_

**Phone 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:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**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.**

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date