



Ohavi Zedek Synagogue

188 North Prospect St,
Burlington, VT 05401
802.864.0218

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 2019-2020

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

*We give priority enrollment to members of Ohavi Zedek. If you would like information on becoming a member, please contact Tari at: tari@ohavizedek.org

OZ Member: _____

Non-Member: _____

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: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Home Address: _____

Place of Employment: _____

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: _____

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