



**Ohaví 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  
2017-2018**

**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 (7:30-5:30): \_\_\_\_\_

Half day (9-12:30): \_\_\_\_\_

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

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

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

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

**Address of Employer** \_\_\_\_\_

**Telephone** \_\_\_\_\_

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



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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 \_\_\_\_\_

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 \_\_\_\_



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

**Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

\*Please attach a copy of your child's immunization records. If you have chosen not to immunize your child for religious or personal reasons, please attach a letter explaining your decision. 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:**

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**Please list medical and/or dietary needs in detail:**

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**Please tell us about your child:**

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

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

\_\_\_\_\_  
Date