

Shaloh House Preschool & Kindergarten

Enrollment / Face Sheet

2020/2021

For Center Use Only

Date of admission _____
Age at Admission _____
Deposit received _____

Child Information

Child's Name: _____
Hebrew Name: _____
Date of Birth: _____ was your child born during: daylight darkness
Place of Birth: _____ Primary Language: _____
Home Address: _____
Telephone: _____
Eye Color: _____ Hair Color: _____ Gender: _____
Height: _____ Weight: _____ Skin Color: _____
Identifying Marks: _____
Allergies: _____

Parent / Guardian Information

1. Parent/Guardian Name: _____ Relationship to child: _____
Home Address: _____ Telephone #: _____
Cell Phone#: _____
Email address: _____
Business Name: _____ Work Telephone#: _____
Business Address: _____ Hours @ Work: _____

2. Parent/Guardian Name: _____ Relationship to child: _____
Home Address: _____ Telephone #: _____
Cell Phone#: _____
Email address: _____
Business Name: _____ Work Telephone#: _____
Business Address: _____ Hours @ Work: _____

Others in family/home (siblings, etc.): _____

Child's Physician/Clinic: _____ Telephone#: _____
Address: _____
Chronic Health Conditions: _____
Special Limitations or Concerns: _____

Documentation of physical examination and immunizations in accordance with school health requirements and a lead poisoning screening in accordance with public health requirements will be kept in your child's school file.

Please submit enrollment form with required enrollment/deposit/snack fee. This fee is \$550 for all classes except for infants, for whom it is \$500 because they do not pay a snack fee. I understand the fee is nonrefundable and non-transferable. The deposit portion of the fee will be applied only to the last month's tuition.

Parent / Guardian Signature

Date