

**WELCOME  
TO  
TEMPLE BETH TORAH'S  
Early Childhood Center**

Kindly read and sign all pages of  
STUDENT ENROLLENT PACKET.  
Return on or before your child's first day.

Hours of operation:  
M-F 7:00am - 6:00pm

Sydney Berlin  
E.C.C. Director  
954-722-9537  
[preschool@tbtonline.org](mailto:preschool@tbtonline.org)

**"Where the WONDER years are  
WONDERFUL"**

## STUDENT PROFILE

Child's Name \_\_\_\_\_ Previous School Experience \_\_\_\_\_

Birthdate \_\_\_\_\_ Home phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Allergies (be specific): Are there any foods your child cannot eat?

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Allergies (be specific): Are there any animals your child cannot touch or be near?

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Does your child need help in: Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Washing \_\_\_\_\_  
Toileting \_\_\_\_\_ Eating \_\_\_\_\_ Other \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain... \_\_\_\_\_

Does your child usually sleep well? \_\_\_\_\_

Does your child need to be reminded to go to the bathroom? \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_

What terms are used in your house in reference to toileting? \_\_\_\_\_

Please describe any toileting issues (constipation, prone to diaper rash, prone to infection...)

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Please describe any developmental concerns

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Describe your child's general health (frequent colds, ear infections, fevers,...) and if your child has been diagnosed with anything (autism spectrum, speech delays, etc.)

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**\*\*You must submit your child's good health and immunization forms along with registration.\*\***

Being that Temple Beth Torah, a private Pre-School paid for by you, we do not have an absentee limitation. However, please be aware that every time your child misses school, he/she is missing valuable learning time and days **cannot** be made up.

If you have enrolled your child in the state funded Voluntary Pre-K program, you child's absences **are limited** to thirteen per 540 hours. If you exceed thirteen absences you will have to withdraw from the state funded program and begin paying regular Pre-School fees.

# PICK-UP AUTHORIZATION FORM

Child's Name \_\_\_\_\_

I HEREBY AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY CHILD FROM THE TBT PRE-SCHOOL BUILDING AT ANY GIVEN TIME (Identification will be required):

Mother: yes \_\_\_\_\_ no \_\_\_\_\_      Father: yes \_\_\_\_\_ no \_\_\_\_\_

<u>NAME</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Secret Code \_\_\_\_\_ (everyone authorized to pick up, must know this code.)

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## MEAL & FOOD PLAN

In accordance with the Broward County Child Care Ordinance, parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when lunches are not provided by the facility.

Please read the following carefully, and sign.

The facility agrees to provide a nutritious:

The parent agrees to provide a nutritious:

- Breakfast
- Mid-Morning
- Mid-Afternoon Snack

\_\_\_\_\_ Lunch (send or purchase)

I have read the proceeding and agree to meet my child's nutritional needs as defined above.

Print Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Meals provided by parents should consist of the following:

- |    |                        |                                     |
|----|------------------------|-------------------------------------|
| A. | Cheese                 | 2 ounces                            |
|    | Or eggs                | 1 egg                               |
|    | Or peanut butter       | 4 tablespoons                       |
|    | Or dried beans & peas  | ½ cup                               |
| B. | Fruits (2 or more)     | ½ cup                               |
|    | Or vegetables          | ½ cup                               |
|    | Or fruits & vegetables | ¾ cup (total amt. Must equal ¾ cup) |
| C. | Bread                  | 1 slice                             |
| D. | Butter                 | 1 teaspoon                          |
| E. | Milk                   | 1 cup-8 oz.                         |

**Please Note: The above list is provided by DCF. However, in consideration of the fact that we are a Jewish organization, we ask that you observe the Kashrut policy. Specifically, we ask that you do not send meat of any kind in your child's lunch.**

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## EMERGENCY MEDICAL PROCEDURES

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

### SHOULD EMERGENCY MEDICAL TREATMENT BE REQUIRED BY YOUR CHILD WHILE AT SCHOOL, THE FOLLOWING PROCEDURE WILL BE FOLLOWED...

1. Temple Beth Torah will first call parent(s) or guardian(s). If they cannot be reached, the emergency phone numbers given to us and/or your personal physicians will be called.
2. If parents, emergency numbers and physician are unavailable, and emergency attention is required, the Broward County Emergency Medical Service Department (911) will be called. If the BCEMS paramedics feel that hospital care should be rendered immediately, please indicate where you want us to advise the BCEMS that you prefer your child be taken...

\_\_\_A. Nearest facility best equipped to handle the particular emergency in the eyes of the BCEMS paramedic.

\_\_\_B. The following designated hospital \_\_\_\_\_

3. The Temple Beth Torah staff will, of course, continue, in its efforts to contact you to apprise you of the situation.

I hereby authorize Temple Beth Torah to seek emergency medical treatment for my child(ren) in the event of an accident, injury, or illness.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

### MEDICATION

Our preference would be to have you arrange your child's medication before or after school. However, if it is necessary for us to give a child medication while he/she is at school, you **MUST** fill out a Medication Authorization form. The forms are kept in both the Pre-School office and the Early Bird/Extended Day room #3.

### DO NOT SEND MEDICATION IN YOUR CHILD'S LUNCH BOX!

### ALL PRESCRIPTION MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH THE CHILD'S NAME AND EXACT DOSE INDICATED ON THE LABEL.

DCF (Department of Children & Family Services) rule states that we can only administer over-the-counter medication given to us in an **UNOPENED CONTAINER**. Please read labels on the over-the-counter medicine carefully. We cannot administer medication that does not list the appropriate dosage for your child's age unless we have written authorization from your child's doctor. Remember to send a "measured spoon".

### IF TYLENOL OR SIMILAR PAIN RELIEF PRODUCTS ARE NEEDED, YOUR CHILD NEEDS TO BE AT HOME. THEREFORE, WE WILL NOT ADMINISTER PAIN RELIEF PRODUCTS.

**TBT PRE-SCHOOL CHILD DISCIPLINE**

Childcare facilities must ensure that age-appropriate, constructive disciplinary practices are used for children in care.

- Children shall not be subjected to discipline, which is severe, humiliating or frightening.
- Discipline shall not be associated with food, rest or toileting.
- Spanking or any form of physical punishment is prohibited.

The above data is from DCF Child Care Division. Our philosophy does not consider a child good or bad. There is acceptable or unacceptable behavior. We NEVER use physical or verbal responses, which demean a child. Explanation of acceptable behavior is given. When necessary, the child is temporarily removed from the situation and may return when he or she feels they can cope with the situation in an acceptable manner. We stress the importance of respecting the person and property of all our peers and can enjoy our class to the fullest when we do not hurt anyone physically, emotionally or by taking away other's property.

I have read the laws concerning disciplinary measures and understand that Temple Beth Torah Pre-School adheres to these rules.

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRESS RELEASE**

Throughout the year, local newspapers photograph our children during our "Special Events". There are also times when we use photos of our children in our Pre-School advertisements. For these reasons, we ask that you sign the permission form below.

I HEREBY GRANT PERMISSION FOR MY CHILD \_\_\_\_\_ TO HAVE HIS/HER  
(Child's Name)  
PICTURE PRINTED IN LOCAL PUBLICATIONS FOR TEMPLE BETH TORAH.

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DAY CARE BROCHURE**

I have read...KNOW YOUR CHILD'S DAY CARE issued by childcare licensing.

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Child's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PARENT HANDBOOK**

**I HAVE CAREFULLY READ THE TEMPLE BETH TORAH PRE-SCHOOL POLICIES AND PROCEDURES IN THE PARENT HANDBOOK AND AGREE TO ABIDE BY THEM.**

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PARENT PERMISSION AND RELEASE FORM**

**THE UNDERSIGNED, as parent(s) or guardian(s) of \_\_\_\_\_ in consideration of the permission granted to my child(ren) or ward(s) by Temple Beth Torah to participate in its activities and programs, upon such terms and conditions as Temple Beth Torah may determine, do here to absolutely release and agree to hold harmless Temple Beth Torah, its officers, directors, employees, agents and servants, from all liability, actions, damages, or claims which the undersigned, their heirs, administrators or assigns may have against Temple Beth Torah and other described parties for all liability for mishap, damage, or injury to my child(ren) or ward(s) or to their property, arising by or through participation in the activities and programs of Temple Beth Torah or from the acts or conduct of other participants, except to the extent of coverage that your child(ren) are insured through a Temple Beth Torah policy.**

**The undersigned have read this release, understand its contents, and execute it voluntarily with full knowledge of its significance.**

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Print Name

Signature

Date

## ANNUAL TUITION SCHEDULE

Our school tuition at Temple Beth Torah is based on an ANNUAL fee. You are welcome to pay your tuition in 9 installments or in one single payment. There will be a 5% discount for TEMPLE MEMBERS ONLY if tuition is paid in full. Payments are NOT based on the school days of each month; these are simply divided for your convenience. The first two tuition payments are due August 5, 2010 and the final payment is due April 5, 2011.

**In the unlikely event that your child does not complete the full school year, you will forfeit your half month's tuition paid at the beginning of the year. You will be unable to drop out for vacation time and come back. If this happens, your child will be unable to return to school unless previous payments are up to date. REMEMBER, this is not a day care! It is a private Pre-School and tuition is based yearly, not monthly!!!**

Please follow the payment schedule below and label your checks accordingly...

<b>PAYMENTS #1 &amp; 2</b>	<b>DUE August 5<sup>th</sup></b>
<b>PAYMENT #2</b>	<b>DUE September 5<sup>th</sup></b>
<b>PAYMENT #3</b>	<b>DUE October 5<sup>th</sup></b>
<b>PAYMENT #4</b>	<b>DUE November 5<sup>th</sup></b>
<b>PAYMENT #5</b>	<b>DUE December 5<sup>th</sup></b>
<b>PAYMENT #6</b>	<b>DUE January 5<sup>th</sup></b>
<b>PAYMENT #7</b>	<b>DUE February 5<sup>th</sup></b>
<b>PAYMENT #8</b>	<b>DUE March 5<sup>th</sup></b>
<b>PAYMENT #9</b>	<b>DUE Mar 5<sup>th</sup></b>
<b>PAYMENT #10</b>	<b>DUE April 5<sup>th</sup></b>

**Please be reminded that all tuition payments MUST be received no later than the 5th of each month to maintain your child's enrollment. There are no credits given for illnesses, vacations, withdrawal, hurricanes or any other natural disasters.**

For your convenience the temple will accept payments by cash, personal check, MasterCard, Visa, Discover, or American Express.

There is a one time only "Security Assessment" of \$50 for every family in the temple. If you have not paid this already, please do so with your first tuition payment.

There is a \$100.00 mandatory activity fee payable to Temple Beth Torah. This must be a separate check.

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Print Name

Signature

Date

# **Parent – School Agreement**

## **2010 – 2011 School Year**

We believe that parent participation is a very important part of our overall program. One of the best ways a parent can participate is by reading all of the important information that you are given. Please check the following lists and make sure that you are not missing any of the information and if you are missing something, please come to the office and we will gladly give it to you.

### **I have signed, completed and returned the following documents:**

- Student Enrollment package which includes:
  - Sick policy
  - Pick-up Authorization form
  - Parent Permission & Release Form
  - Discipline Statement
  - Press Release
  - Meal & Food Plan
  - Tuition Schedule
  - Emergency Medical Procedures
- Billing Policies & Procedures

### **I received the following materials:**

- Parent Handbook
- Nutrition Handbook (important information about lunches brought from home)
- Developmental Milestones
- Pre-School yearly and monthly calendars
- Box Tops for Education Information
- Hot lunch menu

### **I understand and agree that:**

- I am responsible to read, know and abide by all of the policies and guidelines outlined in the above information.
- I will receive a newsletter each week (usually on Friday), and I will read it so that I will know what is going on each week.
- I will do my best to participate in as many school activities as possible throughout the school year. (Thanksgiving Feast, Hanukkah program, Purim Carnival, PSO meetings, etc.)
- I will dress modestly when I am on school property (please have bras and bellies covered).
- I will not smoke on school property.
- I will attend the new student/parent orientation on the date given by the school.

Child's Name \_\_\_\_\_

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Parent Signature

Date