



Elementary Registration 2024/2025

Student Information		
Legal Name:	Last Name:	
Hebrew Name:	Nick Name:	
English Date of Birth:	Hebrew Date of Birth:	
Address:		
City:	State:	Zip Code:
Grade Entering 2024/2025:		

Father's Title:	Legal Name:	
Hebrew Name:		
Address:		
City:	State:	Zip Code:
Email:	Cell Number:	Home:
Employer:	Work Number:	
Work Address:		

Mother's Title:	Legal Name:	
Hebrew Name:		
Address:		
City:	State:	Zip Code:
Email:	Cell Number:	Home:
Employer:	Work Number:	
Work Address:		



Emergency Contact/ Parental Consent 2024/2025

Child's Name:

Emergency Contact Person(s):	
Name:	Phone:
Name:	Phone:
Name:	Phone:

Person(s) To Whom Child May Be Released:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

Child's Physician:	Phone:
Address:	
Health Insurance Coverage Company:	Policy Number:

Special Disabilities	No () Yes () _____
Allergies including medication	No () Yes () _____
Medical or dietary information necessary in an emergency	No () Yes () _____
Medication, Special conditions	No () Yes () _____
Additional information on special needs of child	No () Yes () _____

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtain Emergency Medical Care	Admin of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation By The Faculty	Wading
Posting Pictures on Social Media	Posting Pictures to WhatsApp
I agree to comply with all childcare and safety guidelines	

Signature of Parent of Guardian

Date _____

Periodic Review
Signature of Parent of Guardian

Date: _____



Childcare/ Elementary Subsidy Agreement 2024/2025

55 PA CODE CHAPTERS 3270.123 & 181 (c); 3280.123 & 181 (c); 3290.123 & 181 (c)

Name of Child:	
Elementary Before/ After Care	
Fee Amount: \$30.00 / Day	Day payment made 15 th of Previous Month
Before Care: Child's Arrival Time M-F 8:30am	Child's Departure Time: M-F 9:00am
After Care: Child's Arrival Time M-F 2:45pm	Child's Departure Time: M-F 3:45pm
Late Fee (at Dismissal): \$10.00/ 15 Minutes	

Person(s) To Whom Child May Be Released:
Name:
Name:

I, the parent/ guardian:

(Initials) _____ Received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290,121)

(Initials) _____ Agree to update the emergency contact/ parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124, 3280.124, 3290.124)

Signature of Parent/ Guardian:

Signature of School Administrator:

Date: _____

Date: _____

Date of Child's Admission	Periodic Review	
Date of Withdrawal	Signature of Parent – Guardian	Date



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City:	State:	Zip Code:
Grade Entering 2024/2025:		

Father's Title:	Legal Name:	
Hebrew Name:		
Address:		
City:	State:	Zip Code:
Email:	Cell Number:	Home:
Employer:	Work Number:	
Work Address:		

Mother's Title:	Legal Name:	
Hebrew Name:		
Address:		
City:	State:	Zip Code:
Email:	Cell Number:	Home:
Employer:	Work Number:	
Work Address:		



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Address:	

Child's Physician:	Phone:
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Signature of School Administrator:

Date: _____

Date: _____

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Date of Withdrawal	Signature of Parent – Guardian	Date