**Rothschild Early Childhood Center** at Temple Adath Yeshurun
450 Kimber Road, Syracuse, NY 13224
Phone: (315) 445-0049 Fax: (315) 445-9530
www.rothschildearlychildhoodcenter.org recc@adath.org
*Licensed through the New York State Office of Children & Family Services*

| For office use only | Registration Fee |
|---|---|
| ___ Forms Booklet<br>___ Blue Card<br>___ Medical/IMM | $25 per family<br>_____ pd _____ chd |

Age at Start of Session: _____yrs _____mos

Date Child Will Begin Classes ____/____/____

Date of Birth: ____/____/____ Sex: ☑ Male ☐ Female

Child's Name: _____
Last First Middle

Address: _____
Number and Street

_____
City or Town State Zip Code Home Phone

**Dietary/Activity Restrictions or Allergies/Special Needs:** _____

Parent/Guardian: _____
Name Cell Phone Work Phone

Email Address: _____

Parent/Guardian: _____
Name Cell Phone Work Phone

Email Address: _____

**Two Names for Emergency Contact (other than parent or guardian):**

Name: _____ Day Phone: _____ Cell Phone: _____

Name: _____ Day Phone: _____ Cell Phone: _____

**___ Mon - Fri (5 days) ___ Mon, Wed, Fri (3 days) ___ Tues, Thurs (2 days)**

**☐ Regular Day: 8:30 am - 3:30 pm ☐ Extended Day: 6:30 am - 5:30 pm**

**How did you hear about us?**
___ Flyer
___ Website
___ Newspaper
___ Word of Mouth
___ Telephone Book
___ Child Care Council

**School - Age Program:** *Kindergarten - 12 years old*

Current Grade: _____ School Attending:_____

☐ Before School Program: 6:30 am until bus pick up ☐ Snow Days
☐ After School Program: bus drop off until 5:30 pm ☐ School Breaks

***Parents must arrange for transportation with the bus garage in the district for their children in grades K-7 in Jamesville-DeWitt and Syracuse City Schools who attend the RECC.***

I hereby consent to have my child treated by a physician or emergency medical professional for medical or surgical care should an emergency arise. Every effort will be made to have a staff person accompany a child in the event transport by ambulance is necessary. I understand every effort will also be made to contact the child's parent(s) guardian(s) before such action is taken.

This enrollment form is a binding contract. Termination of enrollment, either before or after your child begins school, must be provided in writing two weeks in advance. If cancellation is received later than two weeks before your child's planned start date, you will be charged for two weeks of school, or any portion there of, that school is in session

_____
Signature of Parent/Guardian Date