Ohr Kodesh Early Childhood Center
8300 Meadowbrook Lane
Chevy Chase, MD 20815
301-589-3880
ohrkodesh.org/early-childhood-center

Ohr Kodesh Early Childhood Center 2017-2018 Application for Enrollment

Child's Full Name: _____

Child's Preferred Name: _____ Date of Birth (mm/dd/yyyy): _____

Parent Name: _____ **Preferred Email:** _____

Home Address: _____

Place of Work: _____ Position: _____

Business Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is the parent Jewish Yes ( ) No ( ) and a member of Ohr Kodesh Congregation? Yes ( ) No ( )

Parent Name: _____ **Preferred Email:** _____

Home Address: _____

Place of Work: _____ Position: _____

Business Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is the parent Jewish Yes ( ) No ( ) and a member of Ohr Kodesh Congregation? Yes ( ) No ( )

Sibling Name, Date of Birth, Age, Sex	Sibling Name, Date of Birth, Age, Sex

If your family is presently affiliated with another synagogue in the area, please indicate which one.

_____

FOR OFFICE USE ONLY: APPL DATE _____ REG FEE DATE _____ DEP DATE _____
REG CHECK#_____ AMT $_____ DEP CHECK#_____ AMT $_____

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Child's Full Name: _____ Age on September 1, 2017: ___ yrs.,___ mos.

HISTORY

Has your child attended any other school? Yes ( ) No ( ) If yes, please list the school(s) and year(s):

_____

_____

Do we have permission to contact the school? Yes ( ) No ( )

Does your child have any allergies? Yes ( ) No ( ) If yes, please describe:

_____

_____

Has your child had any diagnostic testing? Yes ( ) No ( ) If yes, please explain:

_____

_____

_____

_____

_____

Does your child have a disability? Yes ( ) No ( ) If yes, please provide a copy of your child's IFSP or IEP.

Please list any particular skills, talents or hobbies that a family member could share with the school.

_____

_____

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Child's Full Name: _____ Age on September 1, 2017: ___ yrs.,___ mos.

CORE PROGRAMS

Please initial your enrollment preference(s) for the below core program choices.

NOTE: See the Agreement on pages 5 & 6 and the separate *Ohr Kodesh Early Childhood Center 2017-2018 Financial Policies* **on our website for more details about enrollment terms.**

FULL DAY PROGRAM — *August 28, 2017 – August 17, 2018*

_____	Age 2/3's, Five Days	M/Tu/W/Th/F	7:30 to 6:00
_____	Age 3/4's, Five Days	M/Tu/W/Th/F	7:30 to 6:00
_____	Age 4/5's, Five Days	M/Tu/W/Th/F	7:30 to 6:00

HALF DAY PROGRAM — *August 28, 2017 – June 1, 2018*

_____	Age 2/3's, Three Days	M/W/F	9:15 to 1:00
_____	Age 2/3's, Five Days	M/Tu/W/Th/F	9:15 to 1:00
_____	Age 3/4's, Five Days	M/Tu/W/Th/F	9:15 to 1:00
_____	Age 4/5's, Five Days	M/Tu/W/Th/F	9:15 to 1:00

PARENT-TODDLER CLASS — *September 12, 2017 – May 22, 2018*

The Parent-Toddler class will meet weekly Tuesdays, from 9:30am to 11:00am. The class will begin September 12, 2017, and will meet for three 11- to 12-week sessions divided over the course of the calendar for our Half Day Program.

See the separate *Ohr Kodesh Early Childhood Center 2017-2018 Gam Ani Application* on our website for more details and to apply.

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PROGRAM OPTIONS

Please initial your enrollment preference(s) for the below program options.

NOTE: See the separate *Ohr Kodesh Early Childhood Center 2017-2018 Program Options Rates & Policies* **on our website for more details about enrollment terms.**

EARLY DROP-OFF — *August 28, 2017 – June 1, 2018*

All children in the Half Day Program may enroll for weekly Early Drop-off, one to five days per week, for the duration of the school year in order to guarantee their child a space. Early Drop-off is between 7:30am and 9:00am. (Note: *Early Drop-off is also available on a drop-in basis for one to five days per week when space allows and with 24hr advance sign-up*.)

Please initial next to each of the day(s) you would like to enroll your child for the entire school year.

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

ENRICHMENT ACTIVITIES — *August 29, 2017 – May 25, 2018*

Children in the Full Day and Half Day Programs enrolled in the Age 3/4's or 4/5's classes may enroll at the end of the summer for weekly Enrichment Activities, one to five days per week, for the duration of the school year. For children in the Half Day Program, this extends their day to a 2:30pm pick-up time. (Note: *Enrichment Activities are also available on a drop-in basis for one to five days per week when space allows and with 24hr advance sign-up*.)

EXTENDED AFTERNOON — *August 29, 2017 – June 1, 2018*

All children in the Half Day Program may enroll for weekly Extended Afternoons, one to two days per week, for the duration of the school year in order to guarantee their child a space. Extended Afternoons is between 1:00pm and 6:00pm. (Note: *Extended Afternoons is also available on a drop-in basis for one to five days per week when space allows and with 24hr advance sign-up*.)

Please initial next to each of the day(s) (maximum 2) you would like to enroll your child for the entire school year. Confirmation of enrollment will be sent separately at the end of the summer.

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

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Child's Full Name: _____ Age on September 1, 2017: ___ yrs.,___ mos.

AGREEMENT

Please initial each statement and sign the Agreement on page 6 to acknowledge you have read and consent as indicated.

I hereby apply for my child to attend Ohr Kodesh Congregation's Early Childhood Center (*please initial next to the appropriate program for your child below*):

_____ I understand that my financial commitment for the **Half Day Program** and the options earlier and later each school day (Early Drop-off, Enrichment Activities, and Extended Afternoons) extends to all costs incurred from **August 28, 2017 through June 1, 2018.**

_____ I understand that my financial commitment for the **Full Day Program**, including additional Enrichment Activities costs, extends to all costs incurred from **August 28, 2017 through August 17, 2018.**

_____ I understand that following my non-refundable registration fee and registration deposit submitted with this application, my first tuition installment is due on or by July 1, 2017, with each additional installment due on or by the first of each month thereafter.

_____ I have read the portions of this application entitled *Ohr Kodesh Early Childhood Center 2017-2018 Financial Policies* and *Ohr Kodesh Congregation Early Childhood Center 2017-2018 Tuition Schedule.* I agree to be bound by the terms of both these documents.

For the time period initialized above:

_____ I authorize school officials, in case of emergency, to request that the Rescue Squad transport my child to the nearest medical facility for treatment.

_____ I have read a copy of the consumer education brochure entitled *Parent's Guide to Regulated Childcare.* (An electronic copy of this brochure is available on the OKECC website in the Forms and Calendar section at: http://ohrkodesh.org/early-childhood-center/forms-and-calendars. A hard copy may be provided upon request.)

_____ I give permission for my child to accompany the class on walking field trips near the school.

AGREEMENT continued on next page

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Child's name: _____ Age on September 1, 2017: ___ yrs.,___ mos.

AGREEMENT *continued*

_____ I authorize the use of the image of my child as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the OKECC website. I understand that *my child's last name will not be used* in conjunction with any video or digital images.

Please check one:

_____ Unrestricted usage: I give unrestricted permission for my child's image to be used for a variety of purposes, including the OKECC's website available to the general public, without further notifying me.

_____ Limited usage: I give permission for my child's image to be used for purposes within the OKECC community.

_____ Deny usage: I deny permission to use my child's image for any purpose.

Parent(s) Signature: _____ Date: _____

Parent(s) Printed Name: _____

COMPLETED APPLICATION CHECKLIST	
Ohr Kodesh Early Childhood Center 2017-2018 Application for Enrollment:	
Completed pages 1-6, and signed page 6	_____
Non-Refundable Registration Fee:	
$25 Parent-Toddler Class	_____
$125 Half Day or Full Day Program, when *completed* application with payments are received by February 10, 2017	_____
$150 Half Day or Full Day Program, when *completed* application with payments are received after February 10, 2017	_____
Registration Deposit:	
Half Day Program: 10% of annual tuition	_____
Full Day Program: $1,250	_____