



**Emergency contacts in the event we cannot reach you:**

Name	Phone #	Relationship
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Name	Phone #	Relationship
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Children will only be released to parents/guardians, emergency contacts or names below after verification of ID.

Name	Phone #
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Name	Phone #
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Name	Phone #
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Name	Phone #
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Name	Phone #
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Name	Phone #
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People NOT authorized to visit or pick-up your child. If it is a parent who has a legal right, any court order document must be on file.

Name \_\_\_\_\_ Relationship to child (if any) \_\_\_\_\_

**Please circle:** Single    Married    Separated\*    Divorced\*    \* A custody agreement is required to be on file.

Child lives with: \_\_\_\_\_

Other adults living in the home: \_\_\_\_\_

Number of Children in the Family \_\_\_\_\_

Sibling Names	Birth Date	Age	Grade	Gender	Name of School
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Previous preschool or daycare attended: \_\_\_\_\_

Affiliation with synagogue (please circle): Adath Jeshurun, Congregation Emet V'Or, Rodef Sholom, Temple Beth El, and Temple Sinai. Unaffiliated or I identify myself as Jewish, or Other \_\_\_\_\_.

Please list all allergies that are relevant to preschool: \_\_\_\_\_

Please list any medications that the child takes on a regular basis, medical diagnosis, any potential problems or unusual aspects of the child's life that might affect his/her performance at school or that we should be aware of. \_\_\_\_\_

**Physician and Hospital Information:**

For a major medical emergency, 911 will be called. For a minor injury, a child will be transported by a Jewish Peninsula employee to Riverside Regional Medical Center unless otherwise specified. Please list medical and dental contacts below.

Family Physician Name	Practice	Address	Phone Number
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Dentist's Name	Practice	Address	Phone Number
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Child's Insurance	Subscriber Name	Policy #	Phone Number
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If you are able to occasionally be a classroom substitute, please list below:

Name \_\_\_\_\_ Circle availability M T W Th F

## Sarfan Early Childhood Center Terms and Agreements

All prior financial obligations to Jewish Peninsula (The J) must be fulfilled before registration is accepted.

- Application Fee:** \$200 per family
- Tuition:** Your tuition is due by the first of each month. Please note for payments made using credit card, there is a 3% convenience fee. We do not apply a fee to transactions made with cash, check or ACH transfers.
- Delinquent Account:** Tuition received after the 10th day of the month will incur a \$20 late fee. A \$35 fee will be assessed to a member's account for each occurrence of a returned check, direct checking debit or credit card payment. Accounts for which payments have not been received within fifteen (15) days of service will be considered delinquent. The J will make initial attempts at collection via phone call or written request. We will allow reasonable response time to resolve the delinquent balance. If initial attempts do not resolve the balance, or we receive no response to related requests, we will send the delinquent account to collections, and your child will not be able to return to school until the matter is resolved.
- Transportation:** My child(ren) has/have permission to be transported by bus and/or van provided by Preschool. Children will be always supervised and accompanied by preschool staff.
- Photograph and Video Permission:** Children at the Sarfan Early Childhood Center may occasionally have their photo, name, image, or likeness used for the J publications (including our website and newsletter) and promotions (including articles, radio or television entities.) and for publicity purposes. The J has my permission to do this.
- I hereby request that the above-named child be enrolled in the Sarfan Early Childhood Center for the school year of 2026-2027. I understand I have an obligation for the full tuition for the program(s) I have selected for my child, regardless of his or her attendance. I understand that in the event of a vacation or illness or any other prolonged absence from the school, the tuition must be paid in full. No refunds are provided. I understand that returning this registration form to the office with the non-refundable deposit will register my child for the 2026-2027 school year.
- I understand and accept full financial responsibility for all fees and payments related to participating in the Sarfan Early Childhood Center program including all school fees and before care and after care fees if selected. I understand I will receive a copy of the preschool handbook the first week of school and will abide by the information and rules.
- Enrollment in the Sarfan Early Childhood Center includes a family Program Passport membership to the Jewish Peninsula.

I have read the statements and agree to the above-mentioned terms. I agree to adhere to the rules and regulations of the Sarfan Early Childhood Center.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_