

Rothschild Early Childhood Center
at Temple Adath Yeshurun
450 Kimber Road, Syracuse, NY 13224
445-0049 • FAX 445-9530
Licensed by the New York State Dept. of Social Services

Enrollment Form
 Registration Fee = \$25.00
 (non-refundable)
per family per school year
 Fee must accompany the enrollment form.

Child's Last Name _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Female/Male _____ Home Phone Number _____

Mother's Name or Guardian _____ Work Phone _____ Cell _____ Pager _____

Father's Name or Guardian _____ Work Phone _____ Cell _____ Pager _____

Parent's Email Address _____

ALLERGIES OR SPECIAL NEEDS: _____

Emergency Contact : _____ Phone # _____

Emergency Contact : _____ Phone # _____

_____ Date Child Will Begin Classes _____ Office Use

- _____ Full Day Program – 8:45 a.m. – 3:30 p.m.
- _____ Extended Day Program – 6:30 a.m. – 5:30 p.m.
- _____ Before School Program – 6:30 a.m. until bus pick up
- _____ After School Program – bus drop-off until 5:30 p.m.
- _____ Breakfast – 7:45 – 8:30 a.m. (optional at additional cost of \$2.00 per day)

Children in grades K-7 in Jamesville-Dewitt and Syracuse City schools. Parents must arrange for transportation with the bus garage in your district.

_____ Current Grade _____ School Attending _____

Days Required

- _____ Monday – Friday
- _____ Monday, Wednesday, Friday
- _____ Tuesday, Thursday
- _____ Other, Please Specify: _____

How did you hear about us?

___ Flyer ___ Newspaper

___ Word of Mouth

___ Telephone Book

___ Child Care Council

I hereby consent to have my child treated by a physician or emergency medical personnel for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or my spouse before such action is taken.

_____ Signature of Parent or Guardian _____ Date _____

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 thereof, that school is in session.

_____ Signature of Parent or Guardian _____ Forms\Enrollment Form 03/18/09 _____ Date _____