
Gan Jewish Day Care Center

2901 Campus Rd. Brooklyn, N.Y. 11210

Today's Date: _____ 2014/2015

1. Student Information

Child's Name: _____ Sex: M F

Known Allergies: _____ Medical Conditions/Restrictions: _____

Date of Birth: _____ Doctor's Name: _____ Doctor's number: _____

Days attending: All days M T W Th F Hours: From: _____ To: _____

Child's siblings: 1. _____ Age: _____, 2. _____ Age: _____,

3. _____ Age: _____, 4. _____ Age: _____

2. Parent/Guardian Information

Mother

Name: _____

Occupation: _____

Address: _____ Zip: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father

Name: _____

Occupation: _____

Address: _____ Zip: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

3. Student Pick-up and Emergency Contact Information:

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Please note that we will not release children to anyone not on this list without prior authorization.

Children will not be released to anyone under the age of 16.

In the event of an emergency, these people will be contacted if a parent/guardian is unavailable.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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4. 2013-2014 Price List						
9:00a.m. – 4:00 p.m.	8:00 a.m. – 9:00 a.m.	9:00 a.m.- 6:00 p.m.	2:35 p.m. - 6:00 p.m.	2:35 pm - 4:00 pm	2:35 pm – 5:00 pm	Summer camp 9:00-4:00
\$690.00 Monthly	\$120.00 Monthly	\$990.00 Monthly	\$460.00 Monthly	\$220 Monthly	\$340 Monthly	\$1800 For 7 weeks
\$120 Friday After School		\$120 Friday After School	\$100 Friday After School	\$100 Friday After School	\$100 Friday After School	
Friday dismissal is at 12:30 p.m.						

*Mini Camp \$350 Per Week (Winter Mini Camp, End of Year Mini Camp)

5. Extended hours and fees

- \$120.00 per month Friday 12:30 p.m. - 3:00 p.m. or 4:00 p.m.
- \$70 per day 9:00-3:00 \$75 per day 9:00-5:00 \$85 per day 9:00-6:00
- \$15 price per hour

Start Date: _____

Fees must be paid in advance by ten post dated checks, credit or debit cards.

Cash may be paid before check or EFT date.

Trips 3x times per year \$100

Registration Fee: \$479.00 _____

School Year Sept.-June Fee: \$ _____

Summer Camp July- Aug. Fee: \$ _____

Lunch Fee. \$ _____ Reduced \$ _____ Free

6. FREE UPK

Hours for UPK are from 8:00 AM to 2:35 pm , Monday – Thursday.

Fridays from 8:00 am to 1:20 pm.

After School Program Monday – Thursday from 2:35 pm to 6:00 pm, and Friday from 1:20 pm to 3:00/4:00 is not included in UPK hours and requires a payment. Please make all needed arrangements with the office.

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7. Parent/Guardian Consent

In case of an emergency injury or illness, I authorize the program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the program representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

There will be no refund or pro-rating for absenteeism. It is our policy to charge \$5.00 per quarter hour past closing time. If child is pulled out from program before end of year, remaining months will not be charged, however present month must be paid for regardless of drop date.

Rules and regulations must be adhered to at all times.

Gan Jewish Day Care Center reserves the right to expel a child from the program for disruptive or dangerous behavior. Gan Jewish Day Care Center and its employees are not responsible for any transportation arrangements made to and from school or for lost personal items.

Registration fee is non-refundable.

I give consent for my child's photographs to be uploaded and used on our website or for commercial purposes.

Yes No

I give my consent for my child to attend Gan Jewish Day Care Center and participate in its activities. Yes No

A full payment of ten months starting from September till June is needed. Tuition is one yearly payment.

If a child is absent from school due to sickness, vacation or any other reason, a full payment must still be made.

I have read and understand the above.

Parent/Legal Guardian Signature: _____ Date: _____

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