



The Rose and George Teller Preschool
of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832

301-593-3410 x. 105

www.gatesofdiscovery.org

badler@shaaretefila.org

REGISTRATION FORM 2017-2018

Student Information

- 1. Name of Student: _____

Last
First
Middle
- 2. Student Nickname: _____
- 3. Age as of 09/01/17 _____ Gender: _____ Date of Birth: _____
- 4. Family Name: _____
Street: _____
City: _____ State: _____ Zip: _____

School Program Selection

- Core Program 2s: (9:00 – 12:30) 3-day Specify: _____ 5-day
- Core Program 3s or 4s: (9:00 – 2:00) 3-day Specify: _____ 5-day
- 2s naptime (12:30 – 2:00) ___M ___T ___W ___Th ___F
- Early Drop off (7:00 – 9:00) ___M ___T ___W ___Th ___F
- Afternoon (2:00 – 4:00) ___M ___T ___W ___Th ___F
- Late Stay (4:00 – 6:00) ___M ___T ___W ___Th ___F

Student's Family Information

1. Parent(s) or Guardian(s)

Parent or Guardian Name: _____
Street: _____
City: _____
State: _____ Zip: _____

Telephone (daytime): () _____
Telephone: (evening): () _____
Cell phone: () _____
E-mail: _____

Parent or Guardian Name: _____
Street: _____
City: _____
State: _____ Zip: _____

Telephone (daytime): () _____
Telephone: (evening): () _____
Cell phone: () _____
E-mail: _____

2. Other Family Members

Name _____ Age _____
Name _____ Age _____

Name _____ Age _____
Name _____ Age _____

Family Name: _____

Emergency & Medical Information

1. Emergency Information (indicate 2 individuals who may be called in the event a parent cannot be contacted)

Name/Relationship: _____ Telephone: () _____ cell: () _____

Name/Relationship: _____ Telephone: () _____ cell: () _____

2. Physician

Name: _____ Telephone: () _____

3. Dentist

Name: _____ Telephone: () _____

4. Insurance Information

Company: _____ Group No: _____ Policy No: _____

ALLERGIES: (Substances allergic to, reactions, and treatment) _____

In the case of emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at the child care facility to have your child transported to that hospital.

Additional Information

Please indicate below child's strengths and weaknesses (physical, emotional, or intellectual). In addition, please provide any other information that may be pertinent to the education, growth, and development of the student (attach additional sheets if necessary).

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

THIS FORM CAN BE SUBMITTED VIA EMAIL TO badler@shaaretefila.org OR BY MAIL TO:
Gates of Discovery/The Rose and George Teller Preschool of Shaare Tefila
16620 Georgia Avenue, Olney, MD 20832