

# Addlestone Hebrew Academy Student Information Form

Please fill in all blanks completely. If a blank does not apply, please write N/A.

## I. Student Information

First Name	Last Name	M	F
		Gender	
Goes By	Birthdate		
Grade Level	Hebrew Name (Written in English or Hebrew)	Home Phone	
Address		City, ST ZIP	
Student Email Address (Optional)	<i>Please note that student email addresses will be used for school purposes only. All correspondence sent to students will be sent to parents as well.</i>		

## II. Family Information

Parent I's Full Name	Parent II's Full Name
Parent I's Work Phone	Parent II's Work Phone
	Ext.
Parent I's Occupation	Parent II's Occupation
Parent I's Employer	Parent II's Employer
Parent I's Home address if different from student's	Parent II's Home address if different from student's
City, ST ZIP	City, ST ZIP
Parent I's Cell Phone	Parent II's Cell Phone
Parent I's Email Address	Parent II's Email Address
Parents' Marital Status	If divorced, person(s) with legal custody

**In case of divorce or guardianship, please provide a copy of the final custody order. All correspondences other than billing will be sent to both parents unless otherwise specified.** If you have an exception, please list the information below:

Full Name of Person(s) to Receive Correspondence	Relationship to Student
Address	City, State Zip
Home Phone	Work Phone

Name of person(s) who has custody. A copy of the custody agreement and any other important information including court orders or restraining orders must be provided to the school and will be kept in a confidential file.

## III. Medical Care

Child's Doctor <b>(Required for all students)</b>	Phone Number
Family or Child's Dentist <b>(Required for all students)</b>	Phone Number
Child's Medical Insurance Provider	Phone Number
Account/ID Number	Group Number
Insurance Provider Address	City, State and Zip
First Choice Hospital	

**Please complete the other side of this form.**

#### IV. Student's Medical History

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. Please make the following notations on my child's records:

Does your child have allergies? If yes, please list all allergies.

Does your child take medication for a long-term illness? (indicate illness & medication)

Please list all relevant medical information (e.g. contact lens wearer, heart murmur, etc.)

Parent's/Guardian's Signature

Date

*It is the parents' responsibility to keep all insurance and medical/emergency information current throughout the entire school year.*

#### V. Local Emergency Contacts

Please indicate who should be called in case of emergency if parents cannot be reached.

Name

Relationship

Phone Number

#### VII. Photo Release

I grant permission to the Addlestone Hebrew Academy to publish, distribute and/or sell the image and/or voice of the child named above as recorded for internal use and to promote the school program. I also grant permission to use my child's name in any news release. I grant these permissions freely and without reservation.

Yes, I grant permission

No, I do not grant permission

Parent's/Guardian's Signature

Date

#### VI. Grandparent Contact Information

We would like this information in order to send grandparents photos and other news about your child's school.

Paternal Grandparent I Name

Maternal Grandparent I Name

Paternal Grandparent II Name

Maternal Grandparent II Name

Address

Address

Phone

Phone

Email Addresses

Email Addresses

#### VIII. Religious Background

Are you a member of a Synagogue?

Yes  No

Please indicate your religious background:

**Parent I:**

Orthodox

Conservative

Reform

Unaffiliated

Non-Jewish

Other: \_\_\_\_\_

\_\_\_\_\_ Please indicate where you attend services

**Parent II:**

Orthodox

Conservative

Reform

Unaffiliated

Non-Jewish

Other: \_\_\_\_\_

#### IX. Signature

Addlestone Hebrew Academy reserves the right, without liability on its part, to terminate this child's enrollment or to withhold any services of facility in the event deemed necessary or suitable because of any substantial noncompliance by me or this child with any of our obligations.

My obligation to Addlestone Hebrew Academy shall not be diminished nor shall I be entitled to any refund because of any absence or withdrawal of this child from school during the school year, whether through disability or otherwise, or because of the school's exercising any of its rights.

Please sign this enrollment form and return along with the appropriate forms and non-refundable enrollment fee to AHA.

Parent's/Guardian's Signature

Date

South Carolina Department of Social Services  
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address – no Post Office Boxes City, State, Zip

**Child's Name:** \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

**Check** all days Child will regularly attend this facility:  **Mon**  **Tue**  **Wed**  **Thurs**  **Fri**  **Sat**  **Sun**

**Check** all meals Child will receive daily:  **Meals are not offered**  **Breakfast**  **Morning Snack**  **Lunch**  
 **Afternoon Snack**  **Dinner**  **Evening Snack**

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

**CHILD'S NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

\*Note: Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

### DEVELOPMENTAL HISTORY

Age began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl? \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\*Does your child use pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \*When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

### HEALTH

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:**

\_\_\_\_\_

\_\_\_\_\_

Regular medications: \_\_\_\_\_

### EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on a special formula, describe its preparation in detail \_\_\_\_\_

\_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

\* Is your child fed held in lap? \_\_\_\_\_ High chair? \_\_\_\_\_

\* Does your child eat with spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

### TOILET HABITS

\*Are disposable or cloth diapers used?

\*Is there a frequent occurrence of diaper rash?

\*Do you use: oil \_\_\_\_\_ powder \_\_\_\_\_ lotion \_\_\_\_\_ other \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ how many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*Please describe any particular procedure to be used for your child at the center

\_\_\_\_\_

What is used at home? pottychair? \_\_\_\_\_ special child seat? \_\_\_\_\_ regular seat? \_\_\_\_\_

How does your child indicate bathroom needs (include special words): \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_

**SLEEPING HABITS**

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

*Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver*

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc) \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child:

Previous experience with other children/day care:

Reaction to strangers:

Able to play alone:

Favorite toys and activities:

Fears (the dark, animals, etc):

How do you comfort your child:

What is the method of behavior management/discipline at home:

What would you like your child to gain from this childcare experience?

**DAILY SCHEDULE:** Please describe your child's schedule on a typical day.

\*For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child?

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Addlestone Hebrew Academy Early Childhood Handbook and Discipline Policy**

**The Parent Handbook is distributed electronically via email and is also available on our website at [www.addlestone.org](http://www.addlestone.org) under the Parent Resources section. If you need a printed copy of the handbook, please contact the front office at 571-1105.**

Support, behavior modification and discipline are the ongoing processes of helping children to develop inner controls and assume responsibility for their own actions. We accomplish this by setting, explaining and consistently enforcing clear and understandable rules, limits and consequences prior to and as part of any disciplinary action. As much as possible in carrying out discipline, teachers will use firm, positive statements or redirection of behavior. If necessary to help a child gain control, the teacher may remove him/her from the activity or group for a time not to exceed one minute per year of age. Children will have reasonable opportunity to resolve their own conflicts and to have input in adult resolving of conflicts.

At Addlestone, under no circumstances will children be punished for toilet accidents or accidental spills. The following behaviors are prohibited:

- Corporal punishment, including hitting, spanking, beating, shaking, pinching or other measures intended to induce physical pain or fear;
- Threatened or actual withdrawal of food, rest or use of the bathroom;
- Abusive or profane language;
- Any form of public or private humiliation, including threats of physical punishment; and
- Any form of emotional abuse, including shaming, rejecting or isolating a child.

Although discipline problems of children in preschool rarely warrant it, Addlestone Hebrew Academy reserves the right to exclude from the program any child whose behavior seriously disrupts the program or is a danger to him/herself or to others. When a child has a pattern of unacceptable behavior, a meeting will be set up with the parents. The meeting may include the EC Coordinator or another administrator. Further professional intervention may be recommended. Every effort will be made to work with the family to find appropriate means of improving classroom behavior.

I agree to abide by these policies when employed by Addlestone Hebrew Academy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I agree to abide by the Parent Handbook and these Early Childhood Discipline Policies.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Child's Name

**SEE REVERSE FOR HANDBOOK POLICY FORM**



# ADDLESTONE

HEBREW ACADEMY

TRADITION - LEADERSHIP - EXCELLENCE

**NOTICE: THE POLICIES AND PROCEDURES SET FORTH IN THE ADDLESTONE HEBREW ACADEMY PARENT HANDBOOK ARE SUBJECT TO CHANGE, AT THE SOLE DISCRETION OF THE ADMINISTRATION. PARENTS WILL RECEIVE NOTICE OF ANY CHANGES TO THE HANDBOOK WITHIN A REASONABLE TIME FOLLOWING SUCH CHANGE.**

### ACKNOWLEDGEMENT

I, the undersigned parent(s) of the child set forth below, hereby acknowledge that I have received, reviewed, and understand the policies and procedures as set forth in the Addlestone Hebrew Academy Parent Handbook, and agree to abide by such policies and procedures. I further acknowledge that certain policies and procedures, as set forth therein, are subject to change, at the sole discretion of the administration of Addlestone Hebrew Academy. I hereby agree to review any changes to the handbook, and acknowledge that I may be required to execute an additional acknowledgement of such changes, if and when they occur.

Name of Child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_





### Dismissal Information

Child's name \_\_\_\_\_ Class \_\_\_\_\_

Time of Dismissal **(circle)**                      12:00      3:25                      Lion's Den After School  
Program

The following is my dismissal plan for my child: **(name the pick-up persons)**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

The persons listed below also have my permission to pick up my child from school. I will notify the school in writing or by phone if my plan deviates from the norm.

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The persons listed below are NOT allowed to pick up my child from school.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**PRESCRIPTION MEDICATION PERMISSION REQUEST FORM**

Fill out and turn in only if prescription medicine must be administered at school.  
**You must provide the medication to the school in the original packaging with the student's name on it.**

**Student's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

MEDICATION WILL BE GIVEN AT SCHOOL ONLY if the following guidelines are followed:

1. A parent or legal guardian must sign the Addlestone Hebrew Academy consent form.
2. The medication must be in an original container. If your doctor has changed the dose, the doctor must change the prescription or provide a note on letterhead with the new directions and an original signature (not stamped signature). The prescription must be written for the child to whom it is to be given.

**TO BE COMPLETED BY PHYSICIAN OR OTHER LEGAL PRESCRIBER**

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Specific time(s) and doses that MUST BE GIVEN AT SCHOOL: \_\_\_\_\_

\_\_\_\_\_

Date last seen: \_\_\_\_\_ Date to return: \_\_\_\_\_

Are there any restrictions / side effects? \_\_\_\_\_

\_\_\_\_\_

Expected length of administration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Doctor or Legal Prescriber (PRINT)

\_\_\_\_\_  
Signature of Doctor or Legal Prescriber

Doctor or Legal Prescriber's Title \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**NON-PRESCRIPTION MEDICATION FORM**

Fill out and turn in only if you would like non-prescription medicine to be administered at school. **You must provide the medication to the school in the original packaging.**

MEDICATION WILL BE GIVEN AT SCHOOL ONLY if the following guidelines are followed:

1. A parent or legal guardian must sign the Addlestone Hebrew Academy consent form.
2. The medication must be in an original container.

Please understand if you send a tablet, capsule, or liquid in a baggie or other container, WE CANNOT ADMINISTER THE MEDICATION AT SCHOOL.

If you send in medication in an appropriate container but do not send a signed release, WE CANNOT ADMINISTER THE MEDICATION AT SCHOOL. This includes any over the counter products, such as Tylenol, Motrin, Advil, cough drops or anti-acid tablets.

Safety to the students and liability of the school are key issues for implementing these procedures in schools. These are not arbitrary rules, but they follow state and/or DHEC policy.

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**NON-PRESCRIPTION MEDICATION PERMISSION**

I understand that a licensed nurse is not employed by Addlestone Hebrew Academy. I give my permission for school personnel to administer medication which I have listed below.

Student's Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date