

Registration Form 2022-2023

1. Name of Student: _____
Last First Middle
2. Age as of 9/1/22: _____ Gender: _____ Date of Birth: _____
3. Synagogue Affiliation: _____

**WE ARE UNABLE TO TAKE TEACHER REQUESTS – MUCH THOUGHT AND CONSIDERATION
WILL BE MADE TO PLACE YOUR CHILD IN AN APPROPRIATE CLASS**

Program Selection

Core Program

- Toddlers (5 day) 9:15 – 12:30 (child must be walking to enter program)
- Two Year Olds (5 day) 9:15 – 12:30
- Three Year Olds (5 day) 9:15 – 2:00
- Four Year Olds (5 day) 9:15 – 2:00

Extra Options

- Early Drop 8:00 – 9:15
- Nap Room (Toddler & 2s) 12:30 – 4:00
- Aftercare (3's & 4's) 2:00 – 4:00
- Extended Care (All ages) 4:00 – 5:00

The Maryland State Department of Education regulates that children entering Kindergarten must be 5 years old by September 1, 2022. We follow this guideline for class placement. All school payments are non-refundable. No refunds will be given for absences or early withdrawal prior to or during the school year. Should the ECC exercise its right to deny admission to a child, a full refund will be granted.

Student's Family Information

1. Parent or Guardian I

Name: _____

Telephone: (daytime): () _____

Street: _____ Apt. _____

Telephone: (evening): () _____

City: _____

Cell phone: () _____

State: _____ Zip: _____

E-mail: _____

Parent or Guardian II

Name: _____

Telephone: (daytime): () _____

Street: _____ Apt. _____

Telephone: (evening): () _____

City: _____

Cell phone: () _____

State: _____ Zip: _____

E-mail: _____

Mother Jewish by birth Mother Jewish by Conversion - Rabbi's Name: _____ Date: _____
 Child Jewish by Conversion - Rabbi's Name: _____ Date: _____

2. Other Family Members

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Additional Information

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

Does/has your child receive/received support services? Yes ___ No ___

If yes, in what areas? OT ___ PT ___ Speech/Language ___ PEP Program ___ Social Skills ___

Infants/Toddlers ___ Child Find ___

Does your child have an IFSP/IEP? Yes ___ No ___ (If yes, please attach a copy of the IFSP/IEP)

Has your child previously attended another pre-school program? If so, please list below:

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).

A limited amount of financial assistance is available to our families. If you are in need of such, please check this box and we will send you an application. You must complete this registration form and pay the registration fee for us to consider your application.

**Please return this form, accompanied by your \$500 non-refundable deposit.
This includes a \$150 registration
and our \$350 ECC Family Benefit Package/Covid fees.**

Registration Deadline to guarantee a space for your child: Friday, May 13th, 2022.

Payment choices:

Please charge the registration fee to my:

EFT account on file

Credit card on file (3% fee)

Parent or Guardian Signature Date

Parent or Guardian Signature Date