

Registration Form 2023-2024

1. Name of Student: _____
Last First Middle
2. Age as of 9/1/23: _____ 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 (5 days)

- Tiny Tots Half Day 9:00 – 12:30
 Tiny Tots Full Day 9:00 – 4:00
 Tiny Tots Bundled Full Day 8:00 – 5:00

Extra Options

- Early Drop 8:00 – 9:00
 Late Stay 4:00 – 5:00
 Extended Care 5:00 – 5:30

The Maryland State Department of Education regulates that children entering Kindergarten must be 5 years old by September 1, 2023. 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 \$650 non-refundable deposit.
This includes a \$200 registration and a \$450 ECC Family Benefit Package/Security Fee.**

Payment choices:

Please charge the deposit and registration fee to my:
 EFT account: _____ Routing Number: _____
 Credit card (3% fee) _____ Exp: _____ Sec Code: _____

Parent or Guardian Signature Date Parent or Guardian Signature Date