



REGISTRATION FORM 2016-2017

2401 Woodbourne Ave. * Louisville, Ky 40205 * (502) 451-3434

Child's Name _____ Birthday _____ Date _____

Name Child Goes By _____ Male _____ Female _____

Parent(Mr./Dr./Ms.) _____ Parent(Mr./Dr./Ms.) _____

Address _____ Address _____

Zip _____ Phone _____ Zip _____ Phone _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Business Phone _____ Business Phone _____

Previous School Experience Yes ___ No ___ If yes, where _____

Child's General Health _____

Any Fears Yes ___ No ___ If yes, what _____

Food Allergies _____ In order for your child to be included on our "Food Allergy List" we must have a Food Allergy Action Plan form completed by the doctor. Please contact the office for this form.

Any emotional, physical, learning disabilities or other circumstances we should be aware of _____

Please place an **X** next to your choice of program or **CIRCLE CHOICE OF DAYS IF APPLICABLE**

Infant-2 day	M T W T H F
Infant-3 day	M T W T H F
Infant-5 day	
Toddler-2 day	M T W T H F
Toddler-3 day	M T W T H F
Toddler-5 day	
2 yr-2 day	M T W T H F
2 yr-3 day	M T W T H F
2 yr-5 day	
3 yr-5 day	
4 yr-5 day	

Physician _____ Phone _____

Please indicate if you are a member of Congregation Adath Jeshurun Yes _____ No _____

Are you of the Jewish faith Yes _____ No _____

Please indicate if you are a member of another Congregation _____

I/we understand that the enrollment of (child/children's name) _____

Is made for the full school year and that as Parents or Guardians we are fully liable for the tuition for the full academic year and all other expenses incurred by the student and no portion of any fees already paid will be refunded. Students are enrolled for the full academic year and no adjustment of charges will be made for absence, withdrawal or dismissal.

This application is valid only when accompanied with the registration fee which is non- refundable.

Licensed by the Department of Human Resources