



# KOLOT CHAYEINU LEARNING PROGRAM STUDENT REGISTRATION 2011-2012/5772

This form can be used for information for 1 student. If you need to sign up more students please photocopy or download this form before filling it in. Please return forms post marked by August 1<sup>st</sup> to avoid a late fee charge of \$50. You can also scan and email the registration and payment form to [kolot4u@verizon.net](mailto:kolot4u@verizon.net)

## LEARNING PROGRAM STUDENT

**Returning Student**       **New Student**

<b>First Name :</b>		<b>Last Name:</b>	
Date of birth:	Gender:	Kolot Grade/Program in 5772: <input type="checkbox"/> Kolot K'tanim (4yr-7yr)	
Secular School:	Grade Sept.2011:	<input type="checkbox"/> Bet (2 <sup>nd</sup> grade), <input type="checkbox"/> Gimmel (3 <sup>rd</sup> grade), <input type="checkbox"/> Daled (4 <sup>th</sup> grade), <input type="checkbox"/> Hey (5 <sup>th</sup> )	
		<input type="checkbox"/> Bnai Mitzvah 1 (6 <sup>th</sup> ) <input type="checkbox"/> Bnai Mitzvah 2 (7 <sup>th</sup> ) <input type="checkbox"/> Bnai Mitzvah 3 (8 <sup>th</sup> )	

## PARENT OR GUARDIAN #1 INFORMATION

First Name :		Last Name:		Relationship to Child:	
House Number:	Street:		E-mail:		
City:			State:		ZIP Code:
Home Phone:		Cell Phone:		Work Phone:	

## PARENT OR GUARDIAN #2 INFORMATION (IF APPLICABLE)

First Name :		Last Name:		Relationship to Child:	
House Number:	Street:		E-mail:		
City:			State:		ZIP Code:
Home Phone:		Cell Phone:		Work Phone:	

## PICK UP AUTHORIZATION

Please provide information on people (other than the parent(s) or guardian(s) named above) who are authorized to pick up your child(ren):

Name	Phone	Name	Phone
Name	Phone	Name	Phone

## EMERGENCY INFORMATION

In case of an emergency, the Learning Program should contact: \_\_\_\_\_

Phone number(s) during school hours: \_\_\_\_\_

## PERMISSION TO WALK Unless otherwise specified, students will not be permitted to leave the program alone

Name:	Has permission to walk home alone from the Kolot Learning Program.
Signature:	Date:

## PHOTO RELEASE

We sometimes take pictures of our students working and may like to display them on Kolot materials and website. Choose one & **sign below**.  
 Permission to publish and display photographs of my child (ren).  Yes  No      **Signature:** \_\_\_\_\_

## PERMISSION TO PARTICIPATE IN FIELD TRIPS

Allow my child (ren) to leave the school building for field trips in our school neighborhood. (The CLP will notify you when trips are scheduled.)  
 I do  I do not      **Signature:** \_\_\_\_\_

## MISCELLANEOUS QUESTIONS

Would you be interested in drop-off/pick-up pool with others from your school?  Yes  No  
 If so, do we have permission to share your name with other interested parents to enable parents to self-organize a pool?  Yes  No

## FAMILY PARTICIPATION

Parent #1  Parent #2  I am interested in joining the Education Committee of the CLP  
 Parent #1  Parent #2  I am interested in being a class parent  
 Parent #1  Parent #2  I am interested in helping organize fundraising  
 Parent #1  Parent #2  Support during Holidays and other special programs  
 Parent #1  Parent #2  Bringing juice and challah to Family Kabbalat Shabbat, 1st Friday of the month

# KOLOT CHAYEINU LEARNING PROGRAM

## STUDENT REGISTRATION 2011-2012/5772 (CONT.)

*This form can be used for information for 1 student. If you need to sign up more students please photocopy or download this form before filling it in.*

The information you provide us in this form is CONFIDENTIAL. It will be filed in the student's individual student file by the Education Director and shared with teachers if and when appropriate and helpful. Please complete this form as accurately and completely as possible so that we can provide the best opportunities for your children to learn and perform.

<b>PLEASE REPRINT STUDENT NAME:</b>	<b>First Name :</b>	<b>Last Name:</b>
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**1. We are interested in supporting relationships between our students. We will try to honor at least ONE request for your child to be with a friend whose name is indicated below:**

Name:	Name:	Name:
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**2. Circle the learning environments and modes that you have observed being most engaging and productive for your child:**

- |                      |                |                               |                          |                       |                |                   |
|----------------------|----------------|-------------------------------|--------------------------|-----------------------|----------------|-------------------|
| <u>Music/Singing</u> | <u>Reading</u> | <u>Collaborative projects</u> | <u>Visual art</u>        | <u>Discussion</u>     | <u>Theater</u> | <u>Worksheets</u> |
| <u>Large group</u>   | <u>Writing</u> | <u>Competitive games</u>      | <u>Small group/Pairs</u> | <u>Movement/dance</u> |                |                   |

Other (please Specify):

**3. Have you observed any of the above contexts or modes creating learning challenges for your child or causing your child distress?**

**4. Please describe any medical conditions or allergies that we should know about:**

**5. Does your child take medication that affects performance and behavior? If so, please give us as much information about your child's medication plan as possible:**

**6. Does your child have an IEP?**  Yes  No

**If so, are you willing to share it with us so that it can guide us in effectively working with your child within our educational context?**  Yes  No

**7. Are you interested in setting up a meeting with the Education Director and teacher before school begins in order to share strategies and insights which could assist us in creating a positive learning environment for your child? (Meeting with the child is also a possibility if this seems helpful):**  Yes  No

**COMMENTS:**

Office Use: Date	Entered SOS:	Memb_Form: Yes/No	Copy File: Yes/No	Payment form: Yes/No
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