



2024-2025 Enrollment Application

Child's Information:

Child's Legal First Name: _____ Preferred Name _____ Middle _____ Last _____

DOB: ____/____/____ Age on 8/15/2024: _____ Child is: Male Female Nonbinary—pronouns: _____

Place of birth (City/State in U.S. or City/Country outside of U.S.) _____, _____

Child lives with (names): _____ Relationship _____

Home address: _____ City : _____ State: _____ Zip: _____ County _____

Mailing address if different from above: _____ City : _____ State: _____ Zip: _____

Home phone number: (_____) _____ --- _____ We do not have a home phone

Parent/Guardian Information (If applicable, court documentation outlining custody and visitation agreements will be required):

Parent/Guardian #1: First _____ Middle initial _____ Last _____

Marital Status: (check one) Married Single Divorced Separated Widowed

Employer: _____ General work hours: _____

Work address: _____ City _____ State _____ Zip _____

Cell# (_____) _____ Work# (_____) _____ Best Email _____

Cell Carrier: _____ (necessary to complete emergency contact information in Procure childcare app)

Parent/Guardian #2: First _____ Middle initial _____ Last _____

Marital Status: (check one) Married Single Divorced Separated Widowed

Employer: _____ General work hours: _____

Work address: _____ City _____ State _____ Zip _____

Cell# (_____) _____ Work# (_____) _____ Best Email _____

Cell Carrier: _____ (necessary to complete emergency contact information in Procure childcare app)

Please check all that apply:

New Student Current Student Alumni Family Jewish Federation Donor PJ Library® family

Jewish Early Childhood Initiative Eligible Family Jewish Right Start Eligible Family

I would like to be added to the Jewish Federation of Greater Chattanooga email list yes no already receive

I would like to be added to the Jewish Federation of Greater Chattanooga mailing list yes no already receive



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Child's First Name: _____ Child's Last Name: _____

Non-Guardian Authorized Release and Emergency Contact Information

Your child will only be released to the persons listed on page one (guardians) and authorized below. Please indicate whether the person should also be used as an emergency contact or authorized only to drop-off or pick up your child. **List in order of emergency contact. All children should have a minimum of two people (other than guardians) to contact in case of an emergency.**

1. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off
2. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off
3. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off
4. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off only
5. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off
6. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off
7. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off
8. Name: _____ Relation: _____
Home # () _____ Cell # () _____ Work # () _____
Address: _____ Emergency Contact Pick up or drop off

* Appropriate documentation such as custody papers should be attached if a parent or additional family members are not allowed to pick up the child.



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Camp AB (June 3 - August 2, 2024)

- 2 days a week (\$690/month)
 3 days a week (\$890/month)
 4 days a week (\$1000/month)
 5 days a week (\$1,100/month)
 Drop in per week if available (\$400/week)
 Drop in per day if available (\$100/day)

Please indicate preferred drop in dates: _____

If enrolling part time, check days of preferred attendance. We will do our best to accommodate your request based on the classroom's overall attendance. Children enrolled full-time will have priority status. During the summer, we do offer the option to drop in weekly and/or daily when space is available, and with advance notice (see above).

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Aleph Bet is open from 7:30-5:30*. To get the most out of summer camp, we encourage children to arrive by 9:00. List estimated times for arrival and departure (*Note: The weekly schedule is intended to represent a typical week and will only be used to assist*

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

with teacher scheduling. We realize that actual schedules will vary based on your needs. Part-time children must attend the same days weekly.)

- I agree to notify Aleph Bet by phone or email if my child will not be attending when he/she is scheduled.

Please list any days that your child may regularly leave early: _____

Check meals normally eaten at Aleph Bet: AM snack Lunch PM snack

2024-2025 School Year (August 8, 2024 - May 28, 2025)

- 2 days a week (\$750/month)
 3 days a week (\$990/month)
 4 days a week (\$1,100/month)
 5 days a week (\$1,225/month)

During the school year, Blue Room PreK is full time only, and Yellow & Red may select full or part time. If enrolling part time, check days of preferred attendance. We will do our best to accommodate your request based on the classroom's overall attendance. Children enrolled full-time will have priority status.

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Aleph Bet is open from 7:30-5:30*. To get the most out of the school day, we encourage children to arrive by 8:30. List estimated times for arrival and departure (*Note: The weekly schedule is intended to represent a typical week and will only be used to assist with teacher scheduling. We realize that actual schedules will vary based on your needs. Part-time children must attend the same days weekly.)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

- I agree to notify Aleph Bet by phone or email if my child will not be attending when he/she is scheduled.

Please list any days that your child may regularly leave early: _____

Check meals normally eaten at Aleph Bet: AM snack Lunch PM snack

*7:30-5:30 are our operating hours. There will be a \$2.00 per minute late fee for pick-up after 5:35 pm



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Child's First Name: _____ **Child's Last Name:** _____

Medical Information (all information must be filled in completely)

My child's pediatrician/physician is:

Phone #

Street address:

City, State, and Zip Code:

Other doctor:

Phone #

Address

My child has health insurance coverage Yes No Preferred Hospital _____

Insurance Company: _____ ID: _____ Group #: _____

My child is subject to (check and give details):

- An allergy to medicine, food*, plant, animal, or insect toxin.

*(If your child cannot be served the CACFP meal pattern, a statement from the child's health provider must be completed. A doctor's letter must be on file for all children with food allergies. An action plan, including prescription information, must be on file for all children who require an Epi-Pen and/ or antihistamine at school.)

- A condition or fear that may require special care, procedures, services, medication, or diet.

- A physical, mental or developmental disability that would prevent my child from participating in the school's regular program or activities.

Please explain special need, condition, fear or allergy:

- No known conditions or allergies.

Milk:

- My child may drink 2% milk. (Provided by Aleph Bet)

- My child requires oat milk. (Provided by Aleph Bet)

- My child requires an alternative other than oat or 2%, which I will supply daily/weekly. Type: _____

App-Based Communication

_____ (initial) I agree to download and register the **BRIGHTWHEEL app** to my cell phone, and keep my phone available during drop-off/pick-up to easily sign my child in and out for the day. I understand the Brightwheel app is the first point of contact between home and school, and acknowledge it will be used to relay messages during emergencies such as inclement weather or other circumstances affecting center hours of operation.

Bug Spray

_____ (initial) I do I do not give my permission for Aleph Bet Children's Center's staff to apply bug spray. I understand that it is my responsibility to provide the bug spray and will bring more in a timely manner if it runs out.

Calendar

_____ (initial) I have carefully reviewed and understand Aleph Bet Children's Center calendar of closing dates and early closings due to National Holidays, Jewish observances, school breaks, conferences, and professional development, and cleaning days.

Change of Status

_____ (initial) I agree to notify Aleph Bet Children's Center immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.



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Child Abuse/Neglect

_____ (initial) As a child care provider, Aleph Bet Children's Center is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than accidental means by a parent, guardian or caretaker, to the proper authorities. Aleph Bet Children's Center will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring in the home.

Confidentiality Statement

_____ (initial) Information pertaining to your child is considered confidential and will not be released by Aleph Bet Children's Center to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status, and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

Delivery of Children

_____ (initial) I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to their teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated will personally receive my child from their teacher or the staff person in charge. At no time will I leave my child at the school without first making their presence known to the staff, nor will I take my child from the school without notifying my child's teacher or staff member on site. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis. I understand that once my child is signed out that they are my responsibility.

Disaster/Emergency Policy

_____ (initial) I have carefully read, understand and signed Aleph Bet Children's Center Disaster/Emergency policy. In the event of an emergency, Aleph Bet and Jewish Federation staff will adhere to the multi-hazard emergency plan. Fire evacuation routes are posted in the main school entrance as well as in each classroom. As required by Tennessee Code relative to child care agencies (Title 71-Chapter 3-Part 5), Aleph Bet will conduct at least one (1) fire drill month and at least one (1) drill other than fire every six months and will maintain documentation for a minimum of one (1) year. I give the Aleph Bet Children's Center the authority to use any means necessary, Federation vehicles, staff vehicles, or other, to ensure the safety of my child(ren) in case of an emergency situation at the school or Jewish Cultural Center.

Discipline Policy

_____ (initial) The staff uses positive guidance techniques, including logical or natural consequences applied in problem solving situations, redirection, anticipation of and elimination of potential problems, and encouragement of appropriate behavior rather than competition, comparison or criticism. In the event of excessive aggressive behavior that threatens the safety and security of our children, other measures may be taken.

Prevention & Positive Reinforcement: Providing a daily routine, a sense of security, constantly praising and reinforcing appropriate and positive behaviors.

Setting Limits: Simple, age-appropriate rules are established and consistently followed.

Problem Solving: We encourage the child and help them verbalize and use logical reasoning and consequences as the means of solving conflicts.

Remove Child from Situation: After all behavior management techniques have been utilized, the last alternative is to remove the child from the situation.

Aleph Bet strictly prohibits the following methods of discipline from staff and parents on the premise:

- Corporal punishment of any kind.
- Shaming, threatening, or verbal abuse.
- Withholding food or rest.
- Punishment for soiling, wetting, or not using the potty.
- Punitive isolation.

I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.



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Fees

_____ (initial) I understand that Aleph Bet charges annual tuition and additional fees including, but not limited to graduation, yearly registration, and one-time enrollment. I agree to notify Aleph Bet of my plans for payment (annually, quarterly, monthly, etc.). I will pay in advance of child's attendance, regardless of any reason for absence. If, for any reason, I need to withdraw said child from Aleph Bet Children's Center, I will notify Aleph Bet Children's Center Director in writing one month before the child's expected termination date (i.e. notification by Oct. 1 for Nov. 1 departure). If I fail to give the required notice, I will pay the full month's tuition, even if the termination date is sooner. If collection efforts are made by Aleph Bet Children's Center for any unpaid amount, I agree to pay all collection costs, including attorney's fees. I understand Aleph Bet Children's Center may disclose this information to credit bureau organizations.

Food Policy

_____ (initial) I have carefully read and understand Aleph Bet Children's Center food policy. I understand that I will provide a healthy lunch for my child and save the sweets for home. I am aware that Aleph Bet does not allow nuts of any kind in the school. Aleph Bet will serve products made in a facility with nuts, but not on shared equipment. I understand that Aleph Bet may participate in the Child and Adult Care Food Program (CACFP) and agree to fill out forms annually or as needed for compliance.

Health Policy

_____ (initial) I understand that if my child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, I must make other child care arrangements. Children may not return until they have been free of the listed symptoms (without medication) for a minimum of 24 hours. Re-admittance is at the discretion of the Director. In addition, I agree to notify Aleph Bet within 24- hours (during the week) if any member of my immediate household is diagnosed with a communicable disease. I understand that Aleph Bet requires a current State of Tennessee Vaccination form. For children under 30 months of age, the guardian shall provide proof of a physical examination within three (3) months prior to admission, signed or stamped by a physician or health care provider. My child may not be permitted to attend if they are not on schedule for vaccines as required unless a doctor's note verifying a medically necessary exemption/delay is on file. I also understand that the State of Tennessee recommends my child receive an annual flu vaccine. (See full health policy in handbook).

Insurance

_____ (initial) I understand and recognize that, even under the most carefully supervised environment, accidents may and do occur. To this end, I understand the importance of enrolling in some kind of health and accident insurance for my child.

Licensing Requirements

_____ (initial) I have received the Summary of Licensing Requirements for Child Care Centers. I agree to sign any additional forms that the State of Tennessee Department of Human Services requires.

Media Authorization

_____ (initial) I hereby grant Aleph Bet Children's Center and the Jewish Federation of Greater Chattanooga, and those acting in their authority and permission, the absolute right and permission to copyright and use, reuse and republish photographic portraits and pictures, or video/audio of my child(ren), without payment or other consideration. I authorize Aleph Bet and the Jewish Federation to edit, alter, copy, exhibit, publish, or distribute this material for the purpose of promoting, publicizing, advertising including, but not limited to websites, social media, weekly emails, newsletters or any other legal purpose whatsoever without restrictions as to changes or reproductions thereof in color or otherwise.

I prefer that my child's photos not be used on either the Jewish Federation's or Aleph Bet's websites, The Shofar magazine (in print and online) or social media pages, but may be used in printed materials including, but not limited to the school newsletter and additional marketing materials.

Medical Authorization

_____ (initial) I agree that Aleph Bet's staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. Aleph Bet agrees to provide transportation to an appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician (unless a written medical plan is on site). In the event of such accident or illness, all medical expenses incurred are my responsibility. I release Aleph Bet, and all of its employees, officers, directors, and agents from liability incurred as a result of any act they may perform on behalf of my child.

_____ (initial) I agree to sign a statement regarding any medication to be given to my child. Prescriptions medications must be in the original container and in date. I will consult the handbook for full medical policy, including information on over the counter medications.



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School Handbook

_____ (initial) I have read and agree to abide by all policies and regulations in the handbook adopted by Aleph Bet Children's Center (available at aleph-bet.com, or in print by request) for the operation of Aleph Bet Children's Center and further agree that said child shall be subject thereto. I understand that any violation of stated policies and regulations might result in the immediate termination of childcare services.

Supplies

_____ (initial) I agree to bring the required supplies for my child to Aleph Bet. Please make sure all items brought to school are labeled with your child's name. Please do not allow your child to bring toys to school (exceptions: soft toy or cuddly for rest time, show and tell, or on special themed days)

- Diapers (if applicable) and wipes
An extra set of labeled, seasonal clothing (at least 2 sets for 2 yr. olds)
Water bottle (Red and Yellow Rooms)
Small Blanket for rest time
Sheet for cot (crib size sheet)
Small pillow (optional - for rest time)
Snuggly sleepy time toy (optional - for rest time)
Bug Spray
Sunscreen of SPF 15 or higher
Seasonally appropriate clothing (hats, jackets, mittens, sunglasses, etc.)
Prescribed emergency or maintenance medications
Healthy Lunch

Sun Safety

_____ (initial) [] I do [] I do not give my permission for Aleph Bet Children Center's staff to apply sunscreen with a minimum SPF 15 for my child. I understand that it is my responsibility to provide sunscreen and will bring more in a timely manner if it runs out. I further permit staff to choose an appropriate substitute, should I not provide my preferred sunscreen in a timely matter. During warm weather, I agree to provide sunglasses, a hat, and a water bottle for my child.

The Jewish Federation of Greater Chattanooga

_____ (initial) I recognize that Aleph Bet Children's Center is a Program of the Jewish Federation of Greater Chattanooga.

Water Related Activities

_____ (initial) [] I do [] I do not give my permission for my child to participate in water related activities.

How did you hear about Aleph Bet?

(check one) [] Newspaper [] Internet Search [] Social Media [] Drive-by [] Jewish Federation [] Flyer (location): _____ [] Agency: _____
[] Place of Worship [] Referral: Who may we thank? (name) _____ [] Other _____

Has your child previously been enrolled in a child care program?

(check one) [] Yes [] No

If yes: Location: _____ Dates of Enrollment _____ Reason for leaving: _____

I would like to volunteer (check all that apply):

- [] In the classroom
[] Fundraising
[] Buying additional school supplies
[] Parent workshops
[] In the garden
[] Other: _____
[] Serve on a committee:
[] Parent Group Association
[] Fall Luncheon
[] Spring Fling Program
[] Teacher Appreciation
[] Family Engagement Activities
[] Outreach and Enrollment

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____