



Registration Checklist

Due at time of registration:

- Completed Google Registration Form:
https://docs.google.com/forms/d/e/1FAIpQLSc0T_YZv1NH7ik_qgqfzVJOBz84ypaxRxz_TfmFdbYIUZ-UNA/viewform
- Child's Birth Certificate (Gan Teva will keep a photocopy)*
- Non-refundable Registration fee of \$50 (checks made out to Gan Teva)*
*Mailed to Congregation Ner Shalom c/o Gan Teva 14010 Spriggs Road, Woodbridge, VA 22193

Due no later than August 15, 2022:

- First and Last month's tuition (core curriculum and aftercare if applicable)
- VA School Health Form (including updated immunizations)
http://www.doe.virginia.gov/support/health_medical/school_entrance_form/school_entrance_form.pdf
- Authorization to Release your Child
- Emergency Information Form
- Student Emergency Medical Authorization
- Media Permission Form
- Confidentiality Statement
- Liability Waiver
- Permission for OTC Topical Medication, Sunscreen and Insect Repellent



Authorization to Release Your Child

Please list persons authorized to pick up your child from school
(Name, Date of Birth, Relationship to Child):

Student's Name:

Date of Birth:



Emergency Information Form

Emergency Contacts

Name: Relationship to Student: Address: Phone: Alternate Phone:	Name: Relationship to Student: Address: Phone: Alternate Phone:	Name: Relationship to Student: Address: Phone: Alternate Phone:
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<p style="text-align: center;">Allergies (List)</p> <p>Steps to be taken if child is exposed to allergen:</p> <ol style="list-style-type: none">1.2.3.	<p style="text-align: center;">Physician Information</p> <p>Name: Address: Phone Number:</p>
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Student's Name:	Date of Birth:
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Media Permission Form

Our education team will be taking pictures during the school day and at school events to capture the special moments that occur at Gan Teva. Gan Teva also maintains a webpage (ganteva.org) and Social Media pages (Facebook, Instagram, TikTok) where we often share these moments with our community. Please use the options below to provide permission as indicated:

- I give permission for media including my child to be displayed for internal communications (such as newsletter) and external (Gan Teva's public website and social media pages Facebook, Instagram, TikTok) use.
- I give permission for media including my child to be displayed for internal communications ONLY (such as newsletter).
- I do NOT give permission for photographs including my child to be used. I would like to opt out of all media.

Student's Name (please print)

Guardian Signature

Date

Student's Name:

Date of Birth:



Student Emergency Medical Authorization

Child's Name:

Date of Birth:

Address:

Parent/Guardian Name/s:

Relationship to Child:

Address:

Phone number:

Alternate Phone:

*The guardian listed above authorizes Gan Teva to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately. **This form will be kept by the school and is taken to the doctor or treatment facility in case of emergency.***

1. I/We will be responsible for payment of medical care expenses. _____ (initial)
2. Medical treatment costs are covered by:
 - a. Private Insurance (name & policy no.) _____
 - b. Medicaid Coverage No. _____
 - c. Other Medical Insurance:
 - i. Name of Insurance Company: _____
 - ii. Policy No: _____

Child's Physician or Clinic: _____

Signature of Parent/Guardian:

Date:

Student's Name:

Date of Birth:



Confidentiality Statement

To be signed by all persons who may gain knowledge of private information through their dealings with Gan Teva.

Our school stresses the importance of protecting the rights and privacy of children, their families and our teachers. The practice of maintaining the confidentiality of verbal information and written records is a basic policy of our school. This practice is in accordance with one of the primary ethical principles of the early childhood setting.

The sharing of private information is an integral part of conducting the business of Gan Teva; all program staff (directors, teachers, administrators), students, board members, parents, other volunteers must observe the confidentiality of all information to do with our students.

The purpose of this policy is the protection of all forms of communication (email, web, verbal or written), related to children, their respective families or program staff at all times.

When an outside agency or individual requests confidential information about the students of Gan Teva, the written consent of the child's parents/guardians is required prior to the release of information. Breaches of confidence as they relate to this policy may result in disciplinary action, to include potential dismissal from Gan Teva.

I certify with my signature below that i have read, and understand the contents of this agreement pertaining to confidentiality. I do agree by this agreement in its entirety.

Student's Name:

Parent/Guardian signature:

Date:

Parent/Guardian Printed Name:

Student's Name:

Date of Birth:



Liability Waiver

Parental/Guardian Consent Form and Liability Waiver

Child's Name: _____ Birth date: _____

Parent/Guardian's Name(s): _____

Parent/Guardian's Name(s): _____

Home Address: _____

Home/Work/Cell Phone (circle one): _____

I/We, the undersigned, are the parent(s)/guardian(s) of the above named child/children and I/we agree, in taking advantage of the preschool services provided by Gan Teva at Ner Shalom Early Learning Center (Gan Teva), to release and hold harmless Gan Teva, its directors, offices, employees and consultants from any and all claims, demands, suits, cost, and charges in connection with or arising out of provision of the preschool services, including, but not limited to, bodily harm or injury to my/our children, except only for loss, harm or injury occasioned by gross negligence or intentional misconduct by Gan Teva.

We/I hereby grant permission for Gan Teva and its personnel full authority to take whatever actions they deem necessary regarding my/our child's health and safety in the event I/we cannot be reached or in the situation where time is of the essence; and fully release Gan Teva and its personnel from any liability in connection with those decisions. I/we grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, if needed. I/we acknowledge that Gan Teva will take any such action in the best interest of my/our child and Gan Teva will report such action to me/us as soon as possible.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student's Name:

Date of Birth:



PERMISSION FORM FOR OVER THE COUNTER TOPICAL MEDICATION, SUNSCREEN AND INSECT REPELLANT

Date of Permission:

Permission Expiration:

I, _____, the parent of, _____, Give permission for Gan Teva at Ner Shalom Early Learning Center to administer the following items I provide as listed:

Sunscreen

- Name of Product:
- Timing:
- Where to use the ointment:
- Amount to apply:

Insect Repellant

- Name of Product:
- Timing:
- Where to use the ointment:
- Amount to apply:

Over the counter topical ointment/Other:

- Name of ointment:
- Reason to give ointment:
- Timing:
- Amount to apply:

My signature below indicates that I have given written permission to Gan Teva at Ner Shalom to apply the over the counter ointments listed above to my child. I will provide these items for my child. Gan Teva will not apply any over the counter items without prior consent. I have reviewed these instructions and understand them.

Parent signature:

Date:

Student's Name:

Date of Birth: