

# GANEINU REGISTRATION FORM

## INSTRUCTIONS

To submit registration for your child at Ganeinu for the current academic year:

- Parents/Guardians must fill out and sign the (1) Ganeinu Registration Form.
- Both parents/guardians and child's pediatrician must fill out and sign the (2) General Health Appraisal Form, as well as the
- (3) Certificate of Immunization Form (or either the (4) Medical or (5) Non-Medical Exemption Forms).

Your pediatrician may have his/her own version of the General Health Appraisal Form as well as Certificate of Immunization. These are acceptable for admission to Ganeinu.

Please return all completed forms with \$250 application fee to [ganeinucc@gmail.com](mailto:ganeinucc@gmail.com) or mail to Ganeinu Preschool, 723 South Oneida Way, Denver, CO 80224. Registration fee may be paid by check or via PayPal at <https://GaneinuDenver.org/payment>.

You may request a tour of the Ganeinu facility, or print additional registration or medical forms at <https://GaneinuDenver.org/register>.

Question? Please contact Ganeinu Director, Elka Popack at 720-224-8484.

**ALL FORMS MUST BE SIGNED AND SUBMITTED BEFORE YOUR CHILD WILL BE ALLOWED TO ATTEND GANEINU.**

# GANEINU REGISTRATION FORM

Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Fee **\$250**

## CHILD'S INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PARENTS/GUARDIANS INFORMATION

### PARENT/GUARDIAN 1

Last Name \_\_\_\_\_ First \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

### PARENT/GUARDIAN 2

Last Name \_\_\_\_\_ First \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

# GANEINU REGISTRATION FORM

## EMERGENCY CONTACTS INFORMATION

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### EMERGENCY CONTACT 1

Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone (      ) \_\_\_\_\_ - \_\_\_\_\_ Home phone (      ) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY CONTACT 2

Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone (      ) \_\_\_\_\_ - \_\_\_\_\_ Home phone (      ) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# GANEINU REGISTRATION FORM

## WHO ELSE IS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL?

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### AUTHORIZED PERSON 1

Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Home phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### AUTHORIZED PERSON 2

Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone (     ) \_\_\_\_\_ - \_\_\_\_\_ Home phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### MEDICAL INFORMATION

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Child's Doctor \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# GANEINU REGISTRATION FORM

## MEDICAL INFORMATION (continued)

Child's Dentist \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Care Facility \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Insurance \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Has your child received a hearing screening? Y ☐ N ☐    Vision screening? Y ☐ N ☐    Dental screening? Y ☐ N ☐

Has your child ever had any of the following illnesses:

|                      |   |            |   |              |   |
|----------------------|---|------------|---|--------------|---|
| Ear infection        | Y <input type="checkbox"/> N <input type="checkbox"/> | Asthma     | Y <input type="checkbox"/> N <input type="checkbox"/> | Chicken Pox  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Diabetes             | Y <input type="checkbox"/> N <input type="checkbox"/> | Nosebleeds | Y <input type="checkbox"/> N <input type="checkbox"/> | Flu          | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Heart disease/defect | Y <input type="checkbox"/> N <input type="checkbox"/> | Measles    | Y <input type="checkbox"/> N <input type="checkbox"/> | Other: _____ |   |
| Convulsions/seizures | Y <input type="checkbox"/> N <input type="checkbox"/> | Mumps      | Y <input type="checkbox"/> N <input type="checkbox"/> | _____        |   |

Does your child have allergies or reactions to any of the following?

|                        |       |             |       |
|------------------------|-------|-------------|-------|
| Hay fever              | _____ | Other drugs | _____ |
| Plants                 | _____ | Animals     | _____ |
| Insect stings or bites | _____ | Food        | _____ |
| Penicillin             | _____ | Other       | _____ |

Has your child had any surgeries or serious injuries? (Please include dates.)

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication? Y ☐ N ☐ Please specify:

\_\_\_\_\_  
Physical Limitations \_\_\_\_\_

# GANEINU REGISTRATION FORM

## MEDICAL INFORMATION (continued)

Dietary Limitations \_\_\_\_\_

Visual Limitations \_\_\_\_\_

Hearing Limitations \_\_\_\_\_

Chronic Illnesses/Special Needs \_\_\_\_\_

Are there any activities in which you prefer that your child NOT participate?

\_\_\_\_\_

**We need the following UPDATED documents filled out by your pediatrician before your child can attend Ganeinu:**

- Certificate of Immunization (or Certificate of Medical Exemption or Certificate of Non-Medical Exemption).
- General Health Appraisal Form

You may obtain blank copies of these documents at [GaneinuDenver.org/register](http://GaneinuDenver.org/register)

Please email them to [ganeinuucc@gmail.com](mailto:ganeinuucc@gmail.com) or mail them to: Ganeinu Preschool, 723 S. Oneida Way, Denver, CO 80224

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION

In the event of an emergency, I hereby give my permission for the childcare staff to access emergency medical services for my child \_\_\_\_\_ including transportation to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that the childcare provider will make a conscientious effort to locate the parents/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate parents/guardians or emergency contacts, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION TO APPLY DIAPER CREAM

I hereby give permission to Ganeinu to apply the following diaper cream/ointment to my child \_\_\_\_\_:

☐ \_\_\_\_\_ or ☐ any diaper cream/ointment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# GANEINU REGISTRATION FORM

## AUTHORIZATION TO APPLY SUNSCREEN

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### OPTION 1:

- ☐ I recognize that too much sunlight may be hazardous to my child's health. Therefore, I hereby give permission for the Ganeinu staff to apply sunscreen from *Rocky Mountain Sunscreen* to my child.
- ☐ I further agree that sunscreen may be applied to all exposed skin.
- ☐ I have checked all applicable information regarding the type and use of sunscreen for my child.
- ☐ I have consulted with my child's physician and do not know of any allergies or allergic reactions my child may have to this sunscreen.

### OPTION 2:

If you choose to send your own sunscreen:

- ☐ I give permission for Ganeinu staff to apply this sunscreen to my child: \_\_\_\_\_

### OPTION 3:

- ☐ No. For medical reasons, please do not apply any sunscreen to my child under any circumstances.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION FOR VIDEO AND COMPUTER VIEWING

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I hereby give permission for my child \_\_\_\_\_ to view videos and computer programs deemed appropriate by Ganeinu.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# GANEINU REGISTRATION FORM

## AUTHORIZATION TO USE CHILD'S PICTURES OR VIDEOS

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I hereby give permission to Ganeinu to take and use pictures and videos of my child \_\_\_\_\_ in all marketing materials, including but not limited to website, social media, newspapers and fliers.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION TO GO ON WALKING FIELD TRIPS

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I hereby give permission for my child \_\_\_\_\_ to go on neighborhood walking trips, including, but not limited to, all children's programs at Chabad House at 400 South Holly Street.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## POLICIES AND PROCEDURES AGREEMENT

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I have received the Ganeinu Parent Handbook outlining all of Ganeinu's policies and procedures. I have read the Handbook, and I agree to follow, accept the conditions of, and give authorization and approval for the activities described in the policies and procedures.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_