

Rothschild Early Childhood Center at Temple Adath Yeshurun
450 Kimber Road, Syracuse, NY 13224
Phone: (315) 445-0049 Fax: (315) 445-9530
www.rothschildearlychildhoodcenter.org
reccoffice@yahoo.com
Licensed by the New York State Dept. of Social Services

Registration Form
Registration Fee: \$25
per family per school year (non-refundable)
**Fee must accompany
registration form**
___ pd ___ chrgd

Child's Name: _____
Last First Middle

Address: _____
Number and Street

City or Town State Zip Code Home Phone

Date of Birth: ___/___/___ Sex: Male Female Date Child will Begin Classes: _____

Age at start of session: ___ years ___ months Current Grade: _____ School Attending _____

Dietary/Activity Restrictions or Allergies/Special Needs: _____

Mother's Name and phone number: _____
Name Daytime Phone Cell Phone

Email Address: _____

Father's Name and phone number: _____
Name Daytime Phone Cell Phone

Email Address: _____

Two Names for Emergency Contact:
Name: _____ Day Phone: _____ Cell Phone: _____
Name: _____ Day Phone: _____ Cell Phone: _____

- ___ Full Day Program - 8:45am - 3:30pm
- ___ Extended Day Program - 6:30am - 5:30pm
- ___ Before School Program - 6:30am until bus pick up
- ___ After School Program - bus drop-off until 5:30pm
- ___ Breakfast - 7:45 - 8:30am (optional at additional cost of \$2.00 per day)

Parents must arrange for transportation with the bus garage in your district for your children in grades K-7 in Jamesville-Dewitt and Syracuse City Schools who attend the RECC

Circle Days Needed: M T W Th F
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How did you hear about us?
.....
___ Flyer ___ Newspaper ___ Word of Mouth
.....
___ Telephone Book ___ Child Care Council ___ Website
.....

For office use only
___ Forms Booklet
___ Blue Card
___ Medical/IMM

I hereby consent to have my child treated by a physician or emergency medical professional for medical or surgical care should an emergency arise. Every effort will be made to have a staff person accompany a child in case transport by ambulance is necessary. I understand every effort will also be made to contact the child's parent(s) guardian(s) before such action is taken.

This enrollment form is a binding contract. Termination of enrollment, either before or after your child begins school, must be provided in writing two weeks in advance. If cancellation is received later than two weeks before your child's planned start date, you will be charged for two weeks of school, or any portion thereof, that school is in session.

Signature of Parent/Guardian _____ Date _____

