P (305) 770-1919 • F (305) 359-5126 • Office@ChabadChayil.org
2601 NE 211 Ter • Miami, FL 33180 • HebrewSchool.info

ב״ה

CHAP REGISTRATION FORM 5779 (2018-19)	SITE: ☐ AWK8 ☐ VABHOE ☐ CHABAD ☐ _____

STUDENT'S INFORMATION

First & Last Name			
Hebrew Name	Gender	DOB	Night or Day?
Grade Entering	School Entering		
Child's Cell	Child's E-Mail		
Any Previous Jewish Education? Where?			

PARENT'S INFORMATION

Child lives with ☐ Both Parents ☐ Mother ☐ Father ☐ _____

MOTHER	FATHER
☐ Single ☐ Married to father ☐ Married to other	☐ Single ☐ Married to mother ☐ Married to other
First & Last Name:	First & Last Name:
Full Address:	Address: (if different than mother's address)
Home ph #: ( ) -	Home ph #: ( ) -
Cell ph #: ( ) -	Cell ph #: ( ) -
Work ph #: ( ) -	Work ph #: ( ) -
E-mail:	E-mail:
Jewish? ☐ By Birth ☐ Converted ☐Not Jewish If converted, please provide documentation	Jewish? ☐ By Birth ☐ Converted ☐Not Jewish If converted, please provide documentation
Occupation:	Occupation:

Are there any ways you can be of assistance? Do you have access to any products that can help with the program or new building? Would you like to join a committee?

Is your family a member of a Synagogue? If yes, please specify:

COMMUNICATION

Which way will you commit to respond to? ☐ E-Mail ☐ Facebook ☐ Text Message ☐ Phone Message ☐ Snail Mail

OTHER CHILDREN IN THE FAMILY

	Child 1	Child 2	Child 3
Name			
Hebrew Name / DOB			

EMERGENCY CONTACT & HEALTH RECORD

In case of emergency, if either parent cannot be reached, I give authorization to contact:

Emergency Contact #1:	Emergency Contact #2:
Relationship to Child:	Relationship to Child:
Phone #	Phone #

Primary Care Physician: Phone #

Physician's Address:

Medical Conditions/ Allergies:

Medications/ Treatments:

Special Dietary or Other Health Needs:

Does Child Have Health Insurance? ☐ Yes ☐ No Carrier:_____ Policy #:_____
(If not, the Children's Trust may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

INFO FOR COUNTY

Is Child Proficient in English? □ Yes □ No	Other Languages Spoken:	Country of Origin:

Miami-Dade County Public School ID | | | | | | | | | Last 4 Digits of Child's Social Security # | | | | |

Child's Ethnicity: Child's Race:

Does child have a Psychoeducational Evaluation? □ Yes □ No Date_____ Please Attach a Copy
Number of Children Living in the Household (including child participant) ___

PICK UP DESIGNATION

The following person(s), other than carpool and parents are authorized to pick up my child. A note from you indicating who will pick up the child is still required even though you have indicated authorized persons. Your advanced notice will allow us to expect the alternate, and prepare your child without confusion. Thank you in advance for your prompt attention to this request and your continued cooperation.

Name # 1:	Relationship to Child:	Phone #:
Name # 2:	Relationship to Child:	Phone #:
Name # 3:	Relationship to Child:	Phone #:

My child has permission to walk home from the afterschool site between the hours of: _____ and _____

CERTIFIED INSTRUCTOR CONSENT

As per Department of Children & Families (DCF) standards, please be advised that we provide certified instructors licensed in the state of Florida and child enrichment service providers that are not a part of our regular child care program. These certified instructors are currently contracted with us to provide a higher quality of literacy and fitness instruction throughout the year. Your initial signifies that you are agreeing to your child's participation in the activities as instructed by our certified instructors throughout the year, including full days, teacher planning days, breaks and any holiday programming that we may conduct.

PERMISSION TO CROSS STREET

With the many activities that we have planned for this year's program, it is necessary to utilize both the classrooms in Aventura Waterways K-8 Center and our buildings at 2601 & 2611 N.E. 211th Terrace, & 2600 NE 212th Terrace, Miami Fl 33180, as well as other properties on the block. Therefore, we will require your permission to transport your child(ren) between locations.

FIELD TRIP STATEMENT

I allow my child to participate in trips off Chabad Chayil grounds.
I understand these trips will include busing to another facility and location.

PHOTO RELEASE STATEMENT

I hereby grant permission for photography and videography, taken by the staff of Chabad Chayil, CHAP & The Children's Trust, of myself and my child's activities at school, camp or any activities related it for promotional or public relations purposes. I agree that I am to receive no compensation for my child's appearance and that this participation confers on me no ownership rights whatsoever.

MEDICAL EMERGENCY

I give permission for my child to receive Tylenol and/or other medications and receive first aid when deemed necessary. I give permission for my child to receive emergency medical treatment from physicians in a medical facility, should he/she become seriously injured or ill. **Please list** any special medical instructions under Emergency Contact & Health Record section on previous page.

PARENT POLICY AGREEMENT

I have read the following in its entirety. I understand its content and agree to abide by the policies and procedures.

PLEASE INITIAL ___Certified Instructors Consent ___Permission to Cross Street ___Fieldtrip Statement
___Photo/Video Release Statement ___Medical Emergency Authorization ___I have received a copy of Parent Handbook

Parent/Guardian Name: _____ Signature: _____

The Youth Experiencing Success Program is funded by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

INFLUENZA VIRUS

2017-2018

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name:_____

Child's Name: _____

Date Received:_____

Signature:_____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

****Brochure is in your copy of Student and Parent Handbook****

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child…

What are the main ways your child communicates? (Mark all that apply)

- ☐ Speaks and is easily understood
- ☐ Speaks but is difficult to understand
- ☐ Uses sign language
- ☐ Uses communication devices like pictures or a board
- ☐ Uses gestures like pointing, pulling or blinking
- ☐ Uses sounds that are not words like grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- ☐ Speech/language therapy
- ☐ Occupational therapy (OT)
- ☐ Physical therapy (PT)
- ☐ Daily medication (not including vitamins)
- ☐ Special education services in school
- ☐ Behavioral therapy or services
- ☐ Counseling for emotional concerns
- ☐ None

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- ☐ Physical disability or impairment
- ☐ Medical condition or illness
- ☐ Hearing impairment or deaf
- ☐ Visual impairment or blind
- ☐ Speech or language condition
- ☐ Autism spectrum disorder
- ☐ Developmental delay (only if under age 5)
- ☐ Problems with learning (if school-age)
- ☐ Problems with attention or hyperactivity (ADHD/ADI
- ☐ Problems with depression or anxiety
- ☐ Problems with aggression or temper
- ☐ None of the above

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? ☐ Yes ☐ No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? ☐ No specific help needed

- ☐ Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- ☐ Sports or physical activities like running or other gross motor tasks
- ☐ Managing feelings and behavior
- ☐ Academic, learning or reading activities
- ☐ Adapting activities to take into account a visual or hearing impairment
- ☐ Using assistive device(s) like a wheelchair, crutches, brace or walker
- ☐ Personal services like help with feeding, toileting or changing clothes
- ☐ Other _____

Please tell us anything else you think it is important for us to know about your child

_____

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ **DATE**_____

FOR STAFF USE ONLY (*MUST BE COMPLETED*)

ORGANIZATION_____SITE_____

POPULATION MEMBERSHIP (check all that apply): ☐Dep Syst ☐Delin Syst

Permission for Food-related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____
(Parent Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

____My child **DOES NOT** have a food allergy or dietary restriction. He or she **may** participate in activities.

____My child **DOES NOT** have a food allergy or dietary restriction. He or she **may not** participate in activities.

____My child **DOES** have a food allergy or dietary restriction. He or she **may** participate in activities, but may not eat or handle the following items (please list below):

_____

_____

_____

____My child **DOES** have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

_____ _____

(Parent or Guardian) (Date)

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DISCIPLINE POLICY

Dear Parents,
Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To ensure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us.

The following disciplinary policy will be administered for behavior modification:

1st - Children will be corrected and asked to change their behavior.

2nd – Children will be re-directed from the situation.

3rd – Children will be placed in "quiet time."

4th - Verbal communication between parent and program director

5th - Written notification from program director to the parent outlining the problem and corrective measures taken

6th - Continued disruptive behavior may result in dismissal from program.

7th - **Children shall not be subjected to discipline which is sever, humiliating, or frightening**.

8th – **Discipline shall not be associated with food, rest, or toileting.**

9th – **Spanking or any other form of physical punishment is prohibited.**

10th – **Children may not be denied active play as a consequence of misbehavior.**

Child's Name: _____

Parent/Guardian Name:_____

Date:_____

Signature_____

CONNOR'S SCALE

PARENTS QUESTIONNAIRE

This program is generously funded by

The Children's Trust

OBSERVATION	DEGREE OF ACTIVITY			
	Not At All	Just A Little	Pretty Much	Very Much
CLASSROOM BEHAVIOR				
1. Constantly fidgeting.				
2. Hums and makes other odd noises.				
3. Demands must be met immediately - easily frustrated.				
4. Poor Coordination.				
5. Restless or Overactive.				
6. Excitable, impulsive.				
7. Inattentive, easily distracted.				
8. Fails to finish things he or she starts - short attention span.				
9. Overly sensitive.				
10. Overly serious or sad.				
11. Daydreams.				
12. Sullen or sulky.				
13. Cries often and easily.				
14. Disturbs other children.				
15. Quarrelsome.				
16. Mood changes quickly and drastically.				
17. Acts "smart".				
18. Destructive.				
19. Steals.				
20. Lies.				
21. Temper outbursts, explosive and unpredictabe behavior.				
GROUP PARTICIPATION				
22. Isolates himself or herself from other children.				
23. Appears to be unaccepted by group.				
24. Appears to be easily led.				
25. No sense of fair play.				
26. Appears to lack leadership.				
27. Does not get along with opposite sex.				
28. Does not get along with same sex.				
29. Teases other children or interferes with their activities.				
ATTITUDE TOWARD AUTHORITY				
30. Submissive.				
31. Defiant.				
32. Impudent.				
33. Shy.				
34. Fearful.				
35. Excessive demands for teacher's attention.				
36. Stubborn.				
37. Overly anxious to please.				
38. Uncooperative.				
39. Attendance problem.				

Addendum to CHAP Registration Form

Student Name_____ Grade_____

SCHEDULE

Any Special Early Pickup Procedures:

Homework Help Schedule (if not standard):

Please remember that Friday dismissal is at 5:00 the latest! PLEASE be on time so that our staff can go home for Shabbat!

Notes:

PTA VOLUNTEER

It takes a village to raise a child! Are you able to help? Being a part of the PTA can be a full-time commitment or just a few hours per month, and we'd appreciate your participation with however much of yourself you can share!

□ Class Mother □ Homework Help □ Monthly Birthday Party Committee □ Holiday Party Committee □ Fundraising
□ Movie Night Committee □ End-of-Year Dinner Committee □ Yearbook Journal Committee □ Street Fair Committee

Any other way you can help out?

CHAP DONATION

Books & Supplies	A $250+ Value Discounted at Time of Registration	$125
Suggested Monthly Donation	It costs us $17-$25 per day, per child, to operate CHAP. Although we don't charge for the program, we ask parents to donate if they can, to help cover the costs. Children are accepted regardless of payment.	$
Late Pickup	Begins 10 Minutes after dismissal – Billed at $1 per minute	$10
Transportation	Monthly ($7 per day based on daily attendance averages out to $130 per month)	$130

Total Paid at Registration $	Method	Total Monthly Commitment $
Terms	□ Credit Card on File □ Head Checks □ Advance Full Payment	
Credit Card #	Exp Date	CUV
Name _____ Signature _____	Date	For Internal Use Registered with _____ □Attendance □CRM □Complete Double checked & filed by_____