



Temple Akiba Early Childhood Center REGISTRATION FORM 2023-2024

CONTACT INFORMATION

Child's Name _____ Date of Birth _____

Parent 1: Name _____ Occupation _____

Cell _____ Work _____ Home _____

Address _____ City _____ Zip _____

E-Mail _____

Parent 2: Name _____ Occupation _____

Cell _____ Work _____ Home _____

Address _____ City _____ Zip _____

E-Mail _____

FAMILY INFORMATION

Married Living Together Separated Not Married Domestic Partners Divorced
Other _____

If not living together, is custody shared? Yes No

Please describe the arrangement: _____

Siblings: (please include name, age, and if living at home or not)

PERMISSION TO APPLY SUNSCREEN

I, _____ the parent of _____
hereby **give** ___ **do not give** ___ Temple Akiba Early Childhood Center teachers permission to apply sunscreen as needed throughout
the day while my child is in school. I have provided a bottle of sunscreen and written my child's name on the bottle.

Parent Signature: _____

Date: _____



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GENERAL INFORMATION

Is more than one language spoken to your child? _____ If so, what language(s)? _____

Have there been important changes in your child's life in the past year? (i.e., moving, illness, death, divorce, traumatic experience, new household members (new baby, etc.)) _____

POTTY TRAINING INFORMATION

Is your child potty trained? Yes No

Have you started potty training yet? Yes No

If yes, what method are you using? How is your child responding to the training? _____

What does your child wear during the day? Diaper Pull-Up Underwear

What does your child wear during naptime? Diaper Pull-Up Underwear

I, _____ the parent of _____
hereby **give** ___ **do not give** ___ Temple Akiba Early Childhood Center teachers permission to apply diaper cream, specifically
_____, as needed throughout the day while my child is in school. I have provided a tube of this cream and
written my child's name on the tube.

Parent Signature: _____

Date: _____

EMERGENCY INFORMATION

Are there any health problems that the school should be aware of?

My child is allergic to the following drugs/food/bites and reaction to them:

Physician's Name _____ Phone No. _____

Insurance Company _____ Insurance Policy Number _____

Persons to contact if parent(s) cannot be reached:

Name _____ Relationship _____ Phone _____



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Name _____ Relationship _____ Phone _____