



Date:

Child's First NAME:	Child's Last Name:
Date of Birth: ___/___/___ Age in Sept. 2022:	Child is: MALE / FEMALE Child's ID:
<u>MOTHER</u> NAME: Occupation: EMAIL Address: Cell phone:	<u>FATHER</u> NAME: Occupation: EMAIL Address: Cell phone:
Address:	
NAMES & Ages of siblings:	
Child's present STATE of HEALTH:	
Does your child TAKE ANY medication regularly? Yes / No If yes, please specify:	
Does your child suffer from any Allergies to food or medication? Yes / No If yes, please specify:	
Does your child HAVE ANY likes, dislikes, fears? Yes / No If yes, please specify:	
WHAT activities does your child enjoy?	
Are there any factors THAT MAY AFFECT your child's behavior (ex. close FAMILY member AWAY, new ARRIVAL, etc.)? Yes / No If yes, PLEASE specify:	

Please note: Registration fee is 350 NIS (cash or check). Registration fee will be returned to any parent who does not accept a place when offered. After accepting a place, the fee is non-returnable.