

**GAN SHELANU GAN KATAN PROGRAM  
REGISTRATION AGREEMENT FORM  
WINTER SESSION - JANUARY to MARCH 2012**

*Continuing Fall Students - complete only the sections in grey unless other items need to be updated.*

NAME: \_\_\_\_\_ HEBREW NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ ADATH MEMBER: Y N OTHER SYNAGOGUE AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN NAME:

ADDRESS (If different from above):

ADDRESS (if different from above):

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE/PAGER: \_\_\_\_\_

CELL PHONE/PAGER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

(to be used for receiving newsletters and other important information regarding Gan Shelanu)

Which parent(s) will be attending class? (both are always welcome!) \_\_\_\_\_

In the case of an emergency, please indicate someone who should be notified.

Call other parent/guardian (as listed above) first? \_\_\_\_\_ YES \_\_\_\_\_ NO

Then call...

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Do you or your child have any anaphylactic allergies/asthma?

Do you or your child have a prescription for an epi pen?

Do you or your child have any special needs or severe allergies we should be aware of:

NAMES OF SIBLINGS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I wish to register my child in the following Gan Katan Program:

\_\_\_\_\_ Wednesday mornings (9:30 - 10:30 a.m.);

January 18 - March 28, 2012

Cost: \$150

\_\_\_\_\_ Thursday evenings (6:00 - 7:00 p.m.);

January 19 - March 29, 2012

Cost: \$150

Payment is due with application. Please indicate method of payment here:

\_\_\_\_\_ Check (please attach check to registration papers)

\_\_\_\_\_ Credit Card (please fill out the next section)

*(Please note that we are unable to accept American Express or Discover, and that a 2.5 % processing fee will be applied to all credit card transactions.)*

Account Holder's Name *(please print clearly)*: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To request financial assistance, please contact Janice Schachtman, Gan Director, at 952-545-8694.

I hereby submit this application for the named child. If we are a continuing family from the Fall session, consider this an addition to our original Fall 2011 registration form.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_

**Please return completed registration form and payment to:**

Gan Shelanu Preschool - Gan Katan  
10500 Hillside Lane West  
Minnetonka, MN 55305

Registrations will be accepted until classes are full.

**Office use only:**

Pymt Rcvd Date: \_\_\_\_\_

Type of Payment: \_\_\_\_\_

Check number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_