

**CSI NURSERY SCHOOL**  
**ALMOST 2'S**

A separation program for children 15-22 months old without a caregiver

**Fun with art, books, movement and play!**



**Session 1 begins in September with a **FREE TRIAL WEEK: September 16, 18 & 20****

**Classes meet from 9:00-11:00am**

(Session 2 classes will begin January 3rd and will meet from 9:00-11:55am)

**9 Mondays**

September 23  
 October 7, 28  
 November—4, 18, 25  
 December—2, 9, 16

**12 Wednesdays**

September 25  
 October—2, 16, 23 & 30  
 November—6, 13, 20, 27  
 December—4, 11, 18

**12 Fridays**

September 27  
 October—4, 11, 18, 25  
 November—1, 8, 15, 22  
 December—6, 13, 20

**We will work with you to individualize your child's separation and transition into the group!**

**What's in this packet?**

**FORMS TO RETURN TO CSI:**

- Family Information
- Child(ren) Enrollment
- Child Information (one per child)
- Authorizations
- Medical Form (to be completed by your child's doctor)



**CONGREGATION SONS OF ISRAEL ALMOST 2'S  
FAMILY INFORMATION & CHILD ENROLLMENT  
2019 - 2020**



**PARENT 1 INFORMATION**

Name:		
Address:		
Home phone:	Cell phone:	Work phone:
Email:		
Occupation:		

**PARENT 2 INFORMATION**

Name:		
Address:		
Home phone:	Cell phone:	Work phone:
Email:		
Occupation:		

Child Name:
Please specify days of attendance for your child:  <input type="checkbox"/> MONDAYS                      \$270 <input type="checkbox"/> WEDNESDAYS                  \$360 <input type="checkbox"/> FRIDAYS                              \$360  Total tuition for child:        \$_____ Payable to CSI

**I understand that in order for my child to attend CSI:**

- 1. My child is required to be up to date on all vaccinations**
- 2. All payments for tuition must be made before the first day of attendance**
- 3. All of the forms listed below will be submitted before the first day of attendance**
  - Family Information & Child(ren) Enrollment**
  - Child Information**
  - Authorizations**
  - Medical Form**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL  
CHILD INFORMATION  
2019-2020**



<b>CHILD FULL NAME</b>	<b>Date of birth:</b>
Hebrew name (If you do not know your child's Hebrew name and/or you would like one, check here: <input type="checkbox"/> )	
Is this child new to CSI? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Pediatrician name:	Pediatrician phone number:
Dentist name:	Dentist phone number:
Please check all that apply: <input type="checkbox"/> Medical condition <input type="checkbox"/> Allergies <input type="checkbox"/> Receive any therapeutic services? If yes, from where: <input type="checkbox"/> Early Intervention <input type="checkbox"/> School district <input type="checkbox"/> Private <input type="checkbox"/> Wears glasses	If you have checked any items to the left, please explain further in space below:  <p style="color:red; font-weight:bold;">Students with severe allergies that require an Epi-Pen MUST have one in the school office with child's first and last name clearly labeled. By law, we cannot use an expired Epi-Pen.</p>
<b>Names and ages of children you are NOT enrolling in CSI Nursery School:</b>	

**HELP US GET TO KNOW YOUR CHILD**

Please check each item that applies to your child:

<input type="checkbox"/> Likes to play with other children <input type="checkbox"/> Transitions easily <input type="checkbox"/> Separates easily from parent of caregiver <input type="checkbox"/> Feels comfortable talking to adults <input type="checkbox"/> Is easily understood <input type="checkbox"/> Speaks 30+ words <input type="checkbox"/> Speaks 15-30 words <input type="checkbox"/> Speaks less than 15 words <input type="checkbox"/> Speaks in full sentences <input type="checkbox"/> Understands what you or other adults say <input type="checkbox"/> Speaks or understands another language <input type="checkbox"/> Shares toys with others	<input type="checkbox"/> Is able to drink from a cup <input type="checkbox"/> Feels comfortable getting dirty <input type="checkbox"/> Is easily calmed when upset <input type="checkbox"/> Sleeps through the night <input type="checkbox"/> Sleeps in a crib <input type="checkbox"/> Sleeps in a toddler/regular bed <input type="checkbox"/> Takes naps <input type="checkbox"/> Wears diapers <input type="checkbox"/> Wears pull-ups or is toilet training <input type="checkbox"/> Is toilet trained <input type="checkbox"/> Likes to be independent <input type="checkbox"/> Easily wanders away from you when out and about <input type="checkbox"/> Falls often <input type="checkbox"/> Doesn't like loud noises	Please explain as needed below:
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**If you have any concerns you would like to discuss privately, please contact Roni Shapiro, Educational Director, at [RoniShapiro@csibriarcliff.org](mailto:RoniShapiro@csibriarcliff.org) or 914-762-2700.**

**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL  
AUTHORIZATION FORM  
2019-2020**



**Name(s) of Child(ren):**

**(You may complete one Authorization Form per family – please list all children enrolled in camp/nursery school programs.)**

**PERSONS AUTHORIZED FOR PICK-UP (Other than parents)**

The people listed below have my permission to pick up my child(ren) from CSI programs. I will inform CSI in writing each time a special pick-up is necessary:

Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:

**EMERGENCY CONTACT PERSONS (Other than parents)**

In case of an emergency, the following people can be called if parents are cannot be reached:

Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:

**PHOTOGRAPHY RESTRICTION/OPT-OUT**

Congregation Sons of Israel has a website, a Facebook presence and participates in other social media. We produce various handbooks, brochures, advertisements, and DVD/videos in which we include pictures of our students, faculty and staff.

If you do NOT want pictures/images of your child(ren) to be included in CSI materials and publications, please indicate by checking this box:

This opt-out does not include photos of your child sent in the class emails.

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL

## MEDICAL FORM

**To Be Completed by Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child:	Date of Birth:	Date of Examination:
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**Immunizations required for entry into CSI**

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

**Tests**

Tuberculin Test Date: \_\_\_ / \_\_\_ / \_\_\_ Mantoux Results:  Positive  Negative \_\_\_\_\_ mm  
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: \_\_\_ / \_\_\_ / \_\_\_  
 Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year \_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

2 years \_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**  
 \_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

*(Continued on reverse side)*

**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL**

**MEDICAL FORM**

*(continued)*

**Health Specifics**

**Comments**

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes  No

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Title

\_\_\_\_\_  
(      )  
Phone

\_\_\_\_\_  
Date