

Shalom Parents,

My name is Jessica Jobanek, and I'm excited to be coordinating the 2009 ALEPH Toddler Program at Kallah. I come to Kallah from Portland, Oregon, where I am a teacher at Growing Seeds Child Development Community, a progressive, environmentally-conscious private preschool. I have been at Growing Seeds as a lead teacher for the past two years, and have had the opportunity to work with children ranging in age from two to five years old. I am also a member of P'nai Or of Portland, and worked with the children's program last summer at Ruach ha-Aretz, ALEPH's summer program in Eastern Oregon.

My work with young children is informed by the philosophies of Constructivism and the Reggio Emilia approach: I believe that young children are amazing, capable beings who actively engage with the world around them to form their own theories of knowledge and tell their own stories. I look forward to bringing this awareness to Kallah and learning from our youngest Kallah participants.

During the day, your child will enjoy opportunities for dance, yoga stretches, and sensory play, as well as open-ended art experiences with paint, crayons, and collage. We will read stories and go on short walks around the campus, where we will collect leaves and natural materials to study and observe back in our classroom. In the afternoons, children will be able to fall asleep listening to soothing music in Hebrew and English; children who do not need to nap will be engage in quiet games and look at stories.

The following pages are for all parents bringing their children to the 2009 Kallah Toddler Program.

Included are:

- 1) a basic child information form
- 2) a consent form
- 3) medical information
- 4) authorization to pick up child

Please fill in the needed information, and mail or fax to me (see below). Please do this ASAP so we can have the forms prior to the start of the program. ***Your child cannot begin the Toddler Babysitting program until these forms are in order. If you are bringing more than one child, they each require a separate, complete, registration form.***

If you have any questions about the '09 Toddler program, please feel free to contact me at 503-702-6890, or via email at [jessicajobanek@gmail.com](mailto:jessicajobanek@gmail.com). I look forward to meeting you this summer!

b'shalom,  
Jessica

**Fax #: 866-826-30111**

**Mailing address: Jessica Jobanek, 6503 N. Mississippi. Portland, OR 97217**

# 1. CHILDREN'S INFORMATION FORM

(Duplicate a copy for each child you have in the program)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_

Parent's Contact information while at Kallah (a cell phone # is ideal):

Parent #1: \_\_\_\_\_  
AM Class : \_\_\_\_\_  
PM Class : \_\_\_\_\_

Parent #2: \_\_\_\_\_  
AM Class : \_\_\_\_\_  
PM Class : \_\_\_\_\_

Please describe your child's ability to work in a group setting and other strengths, challenges, or special needs that we should be aware of:

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## 2. CONSENT FORM

Child: \_\_\_\_\_

I/We hereby give permission for the above-named child to:

Yes No

take part in all Kallah Toddler Program activities, including outdoor activities and short walks around campus

have his/her picture/video taken for ALEPH use

be given emergency first aid treatment at the Kallah

have sunscreen applied, if deemed necessary

to have insect repellent applied, if deemed necessary

I hereby waive and release ALEPH, the Kallah Toddler Program, and all individuals, staff members, or volunteers working in connection with Kallah or Kallah Toddler activities from any and all possible claims for injury to person or property which might arise in connection with my child's participation in activities sponsored or provided by ALEPH.

Signatures:

PARENT #1 \_\_\_\_\_ Date: \_\_/\_\_/\_\_

PARENT #2 \_\_\_\_\_ Date: \_\_/\_\_/\_\_

### 3. MEDICAL INFORMATION

#### CHILD'S ALLERGIES OR MEDICAL CONDITIONS

Please list below any food(s) your child cannot eat (be sure to indicate severe or life-threatening allergies):

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#### NO AUTHORIZATION TO ADMINISTER MEDICATION

Teachers in the Kallah Toddler Program will not administer medication, either prescription or non-prescription. Sunscreen may be applied by the teachers only with your written permission (see check list). Sunscreen must be provided by you and must be labeled with your child's name. Please recognize these guidelines and limitations in any request you direct to the staff.

#### AUTHORIZATION IN CASE OF MEDICAL EMERGENCY

In case of accident or sudden illness of the above-named child, I/we understand that a reasonable effort will be made to locate me/us, but that emergency care will be rendered in the child's best interest at all times. If I/we cannot be located in a reasonable and safe amount of time, I/we authorize the Kallah Staff to use emergency room service provided by a nearby hospital. In my/our absence, I/we understand that one or more Staff members will accompany my/our child to the hospital. I/we understand that I/we may be required to provide further consent for any special procedures as deemed necessary by hospital staff. I/we do not hold ALEPH or the Kallah Toddler Program responsible for any accident or illness which might occur.

For emergency purposes, our Insurance Provider is:

NAME: \_\_\_\_\_ GROUP: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_

Authorization directed by: (SIGNATURES)

PARENT #1 : \_\_\_\_\_ Date: \_\_/\_\_/\_\_

PARENT #2: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**4. AUTHORIZATION TO PICK UP CHILD  
(To be filled out now or at start of Kallah)**

In addition to the parents listed above, the following person(s) are authorized to pick up the above-named child from the KidKallah. If there is a change, I/we will personally notify the Kallah Toddler Program staff in writing:

Name(s):

- 1
- 2.
- 3.

Authorization directed by: (SIGNATURES)

PARENT #1 : \_\_\_\_\_ Date: \_\_/\_\_/\_\_

PARENT #2 : \_\_\_\_\_ Date: \_\_/\_\_/\_\_