



Zareinu

Helping Every Child Blossom

P.O. Box 201
Woodmere, NY 11598
(718) 406-8343
info@zareinu.org
www.zareinu.org

PARENT'S GENERAL AGREEMENT FORM

- 1. I have received and read the attached admissions cover sheet. I agree to complete the attached forms and to abide by the stipulations stated therein.**
2. I allow my child, _____ to go on class or school trips.
3. I consent to allow my child to receive services including, but not limited to, counseling, occupational, speech and physical therapy.
4. I give permission for Zareinu to provide my child's name and any paperwork necessary for the evaluation and IEP or IESP review process to your school district of residence and/or the school district of location of your child's class.
5. I allow my child's photograph, video image, class work or drawings to be used in Zareinu's public relations material.

Parent's signature

Date

Parent's signature

Date



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GENERAL INFORMATION

Child's Legal Name _____ Hebrew Name _____

Date of Birth _____ Current School _____ Grade _____

Home Address _____

Home Telephone Number _____

Father's Name _____ Occupation _____

Place of Employment _____ Business Address _____

Telephone _____ Cell _____ E-mail address. _____

Mother's Name _____ Occupation _____

Place of Employment _____ Business Address _____

Telephone _____ Cell _____ E-mail address. _____

Emergency Contact Name & Phone _____

Synagogue Affiliation _____

Siblings: Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Maternal Grandparents Names _____

Address _____

Telephone _____ Cell _____ E-mail address _____

Paternal Grandparents Names _____

Address _____

Telephone _____ Cell _____ E-mail address _____



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PROFESSIONAL RELEASE FORM

Pleased be advised that _____ D.O.B. _____ has been under the care of the following professionals:

PHYSICIAN: 1) Name _____ Phone _____ Specialty _____
E-Mail _____
2) Name _____ E-Mail _____
Phone _____ Specialty _____

Health Alerts/ Allergies: _____

Medications Taken Currently:

Other Pertinent Information:

If your child is under the care of the following professionals, fill-out the information below:

PSYCHOLOGIST/SOCIAL WORKER:

1) Name _____ E-Mail _____
Phone _____ Seen from _____ to _____
2) Name _____ E-Mail _____
Phone _____ Seen from _____ to _____

We hereby grant permission to Zareinu’s professional staff to contact any of the above listed professionals to obtain information about our child, and we grant all of the above listed professional’s permission to release any necessary information.

Signature of Parent(s)

Date

Signature of Parent(s)

Date



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RELATED SERVICES AGREEMENT

The self-contained class that your child will attend is the result of a unique arrangement between **(school name)**_____ and Zareinu and is designed to meet the diverse needs of all the children in the class. In order to do so, health care professionals may need to be involved in your child's individualized educational program. Therefore, maintaining your child's place in the program is provisional upon your agreement and adherence to the following obligations.

1) If your child is already under the care of a psychologist, or clinical social worker, and is in need of any type of behavior modification program or any comparable interventions, the professional will work with our staff to design and monitor this program for as long as it is required.

2) If our professional staff finds it necessary for your child to be further evaluated and treated by a health care professional, I agree to have him/her evaluated and to abide by the recommendations of the professional.

3) Zareinu's admission policies are governed by its educational committee which is comprised of the Principals of the participating schools as well as the Zareinu Program and Educational Directors. This committee maintains the right to remove any student from the program at any time should they feel that his/her placement is inappropriate. Furthermore, the committee maintains the right to remove any student at any time from the program should they feel that the student's continued attendance is not in the best interest of the other students in the class or the school. In either case, all efforts will be made to facilitate other placements and options.

4) Your child's district IEP for the current school year must be submitted to the Zareinu office. The application process will not be considered complete without the district IEP.

Signature of Parent(s)

Date

Signature of Parent(s)

Date