

# Dallas Torah Center Preschool Enrollment Form 2025-2026



## STUDENT INFORMATION

### Student Information

Name your child would like to be called

Legal Name (if different)

Last Name

Hebrew Name (Please use this link to type it in hebrew text) <https://www.hebrewkeyboard.org/>

Date of Birth

Gender

Race

Grade Entering

Birth Country

Primary Language spoken at home

How old will your child be on September 1st, 2025?

Is your child a returning student?

Did your child obtain a new educational evaluation since you enrolled last year?

Please upload a copy of the evaluation here.

Is there a court-ordered custodial arrangement?

Please upload a copy of the custody agreement.

**I understand that Dallas Torah Center Preschool will treat both parents as having full parental rights (e.g., picking up a child from school, including during the school day).**

Signature: \_\_\_\_\_

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

### Parent/Guardian 1 Information

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Title	First Name
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Last Name

Preferred Name (if different)

Relationship to Student

Marital status

Address

City

State

Zip

Cell Phone

Home Phone

Primary Email

Work Telephone

Occupation

Custodial Rights?

Financial Responsibility

List in Family Directory?

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Title	First Name
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Last Name

Preferred Name (if different)

Relationship to Enrollee

Cell Phone	Primary Email
Work Telephone	Occupation

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Title	First Name
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Last Name
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Preferred Name (if different)
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Relationship to Enrollee	Marital status
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Address
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City	State	Zip Code
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Cell Phone	Home Phone
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Primary Email	Work Telephone
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Occupation
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Custodial Rights?	Financial Responsibility
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### Grandparents

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Are there paternal grandparents related to the student?
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Are there maternal grandparents related to the student?
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**We would love to share your child's milestones with their grandparents. Please provide us with the information below.**

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Grandfather's Title	Grandfather's First Name
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Grandmother's Title	Grandmother's First Name
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Last Name

Home Phone

Grandfather's Cell Phone

Grandmother's Cell Phone

Grandfather's Email

Grandmother's Email

Address

City

State

Zip

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**We would love to share your child's milestones with their grandparents. Please provide us with the information below.**

Grandfather's Title

Grandfather's First Name

Grandmother's Title

Grandmother's First Name

Last Name

Home Phone

Grandfather's Cell Phone

Grandmother's Cell Phone

Grandfather's Email

Grandmother's Email

Address

City

State

Zip

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### **Additional Family Information**

Name of your Rabbi

Name of the Shul/congregation you attend

Does your child(ren) keep Chalav Yisrael?

Does your child(ren) keep Yeshon?

Does your child(ren) keep Pas Yisrael?

# MEDICAL INFORMATION

## Medical Information

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Does your child have any medical conditions?

List and explain your child's medical condition(s):

Does your child have any allergies?

List and explain all of your child's known allergies:

If you are listing an allergy that requires management by the school, please download the [Allergy Action Plan](#) and the [Dietary Order Form](#) to have your doctor fill out. Please return the forms to the administrator at [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

If your child has asthma or a seizure disorder, please click on the link below to download the applicable form and have your doctor fill out. Please email the form to [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

[Asthma Action Plan](#)  
[Seizure Action Plan](#)

## Medications:

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### Over-the-Counter Medications:

Any medication taken by a student in DTC Preschool must be administered by the school nurse or proxy. If you would like any over-the-counter medications to be available to your child throughout the school year, please give permission below.

**\*\*Please note that this permission only obtains to dispensing the medication. DTC Preschool does not provide medication for students. Any medication you want available for your child(ren) must be supplied by the parent/guardian. It should be given directly to DTC staff with the original labeling. We will not accept bags of unlabeled medication, etc. Additionally, any medication taken by a student in DTC Preschool must be administered by the school nurse. We do not allow students to carry medication on their person or to self-administer medication without the supervision of the school nurse (in the event that a student wants to carry an epi-pen, please have the medical authorization form below completed by your doctor).\*\***

Please download the [Medication Administration Authorization Form](#) and have it filled out by your doctor. Please email the form to [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

Please give permission for any over-the-counter medications to be available to your child throughout the school year, below.

Antihistamine:

Diphenhydramine:

Acetaminophen:

Ibuprofen:

Calcium Carbonate:

Tums:

### Prescription Medications:

Any medication taken by a student in DTC Preschool must be administered by the school nurse or proxy. We do not allow students to carry medication on them or to self-administer medication.

In addition to entering all prescription medication(s) your child takes below, please download the [Medication Administration Authorization Form](#) and have it filled out by your doctor. Please email the form to [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

Is the student prescribed medications?

## Additional Medical Information

Physician Name

Physician Address

Physician Contact Number

**\*\*Please note that the school does not provide medication for students. All medication must be supplied by the parent/guardian. It should be given directly to DTC with the original labeling. Bags of unlabeled medication, etc. will be discarded.\*\***

To give permission to DTC to administer medication, you must download the Medication Administration Authorization Form and have your doctor fill it out. Please return the form to the administrator at [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

I have reviewed the state's screening requirements and understand them. I either:  
1- give permission to the DTC nurse and volunteers to conduct screenings on my child(ren) OR  
2- agree to submit required medical records by the necessary date to [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

Screenings are a service provided by DTC. If you decline to have your screening(s) done at DTC, you must submit medical records from your doctor to the administrator ([administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org)). Further information regarding screenings will be emailed to parents before they are completed.

Name:

Date:

I have reviewed the state's [immunization requirements](#) and either:  
1- agree to comply with them OR  
2- have a [medical exemption form](#) from DTC that has been completed by a doctor.

I understand that DTC requires children to be up to date with state-required vaccinations and that DTC does not accept the Texas Affidavit Exemption From Immunizations for Reasons of Conscience or any other non-medical exemptions.

Any medical exemptions need to be completed by your doctor and submitted to the administrator ([administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org)). The medical exemption form is subject to approval by the Board and administration.

Name:

Date:

**Please upload a copy of your child's most recent immunization record.**  
Your application may be returned if you upload inaccurate documentation or your vaccinations are not up to date

Please download the [Preschool Health Statement](#) and return it once it has been completed and signed by your doctor.

This form is due by August 1, 2025 and should be emailed to the administrator at [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

Confirm that you have downloaded the form by clicking yes

# EMERGENCY CONTACTS

## Emergency Contacts

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### Emergency Contacts:

To be enrolled in DTC Preschool, your child must have on file at least one Emergency Contact. Please note that the Emergency Contact must be over the age of eighteen, a person other than the parents/guardians, and must live within the DFW metroplex.

### Authorized Pickups:

I authorize DTC Preschool to release my child to the following person(s). Please list the name and telephone number for each individual you would like to authorize for pickup. An Authorized Pickup person is an individual you allow your child to leave the school with for carpool purposes only. This person can also be an Emergency Contact, but they may be different people.

If you need to make any changes to this information, please call the DTC Preschool office at 214-502-0702.

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## List of Emergency Contacts

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First Name	Last Name	
Relationship to Student		
Home Phone	Cell Phone	Email Address
Priority		
Emergency contact?		
Authorized Pickup?		
Authorized Pickup Notes		

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# PERMISSIONS & AGREEMENTS

## Permissions & Agreements

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In a medical emergency, I give consent for Dallas Torah Center Preschool, emergency personell, and medical facility to secure any and all necessary emergency medical care for my child. Dallas Torah Center Preschool will contact emergency medical services and the parents will be notified as soon as possible.

Pictures and videos of students are used for school new, PR, and for teacher training purposes. We do not post any pictures or videos on social media.

I understand that DTC contracts with academic interventionists from Jewish Family Services, at no cost to families, and that these professionals may work with students in whole group, small group, and individual settings. Parents will be informed after 1-3 sessions individual or small group support is planned to be ongoing. Please see here for more detail regarding these services.

If you would like to opt out of this permission, please email the administrator at [administrator@dallastorahcenter.org](mailto:administrator@dallastorahcenter.org).

I have read the Preschool Parent/Student Handbook and agree to abide by its policies.

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Name:

Date:

# ELECTRONIC SIGNATURE PAGE

## Electronic Signature Page

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**Electronic Signature:**

The electronic signatures below and their related fields are treated by DTC Preschool like a physical handwritten signature on a paper form.

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**Agreements:**

My signature below affirms that all of the information contained in this enrollment packet is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this packet may jeopardize my child's enrollment.

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Name

Date

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