



CAI Esther B. Feldman Preschool/Kindergarten  
School Year 2012-2013

Name of Child \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Employment \_\_\_\_\_ DOB \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell or Pager # \_\_\_\_\_

Mother's Religion \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Employment \_\_\_\_\_ DOB \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell or Pager # \_\_\_\_\_

Father's Religion \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Brothers (names and dates of birth) \_\_\_\_\_

Sisters (names and dates of birth) \_\_\_\_\_

Member of Congregation Anshei Israel? Yes ( ) No ( )

If you are affiliated with another synagogue, which one? \_\_\_\_\_

Class you are interested in for your child:

18 Months \_\_\_\_\_ 2 \_\_\_\_\_ 2 1/2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ Kindergarten \_\_\_\_\_

Number of days attending: two \_\_\_\_\_ three \_\_\_\_\_ four \_\_\_\_\_ five \_\_\_\_\_

Please circle which days M T W TH F

Child Attending:	9:00 – 12:30	Half Day	_____
	9:00 – 3:30	Full Day	_____
	3:30 – 5:30	Extended Day	_____
	8:45 – 3:00	Kindergarten	_____
	3:00 – 5:30	Kindergarten Extended	_____

Name of Child's Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies or health problems: \_\_\_\_\_

Financial Assistance is Requested (Available to CAI Members Only): Yes ( ) No ( )

- \$100.00 non-refundable Preschool registration fee
- \$200.00 non-refundable Kindergarten fee

\_\_\_\_\_ Charge My Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Signature \_\_\_\_\_

Date entered school \_\_\_\_\_ Paid \_\_\_\_\_

Date & Reason Withdrew \_\_\_\_\_