



CAI Esther B. Feldman Preschool/Kindergarten
School Year 2017-2018

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: (3's must attend at least 3 half days, 4's must attend at least 5 half days, Kindergarten is 5 full days)

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: (Scholarship available to CAI Members only) Yes ( )

(JETCO for Kindergarten only- Member or Non-Member) Yes ( )

□ \$100.00 non-refundable Preschool registration fee

□ \$500.00 Kindergarten registration fee (\$500.00 non-refundable/\$250.00 applied towards tuition)

\_\_\_\_\_ Charge My Visa/MC/Discover \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

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

## ENROLLMENT FORM FOR CHILD WITH SPECIAL NEEDS

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Name of physician or therapist \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Diagnosis of child's condition \_\_\_\_\_

---

---

---

Simple explanation of how the condition affects the child's care and/or education \_\_\_\_\_

---

---

---

---

Special instructions \_\_\_\_\_

---

---

---

---

Who should be involved in planning and evaluation for this child? \_\_\_\_\_

---

---

---

---

How often should a follow-up evaluation of progress be done? \_\_\_\_\_

---

---

---

---

---

(Form completed by/Position/Date)

***Please speak with PK Director if you have questions regarding above.***