



CAI Esther B. Feldman Preschool/Kindergarten
School Year 2018-2019

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)**

14 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.