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)**
14 Months ____ 2 ____ 2 ½ ____ 3____ 4____

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 _____

Name of Child's Doctor:_____ Phone # _____

Allergies or health problems: _____

Financial Assistance is Requested: (**Scholarship available to CAI Members only**) Yes ( )

□ $100.00 non-refundable Preschool registration fee

_____ **Charge My Visa/MC/Discover** _____ **Expiration Date** _____

Security Code _____**Signature** _____

Date entered school _____ Paid _____
Date & Reason Withdrew _____

For more information about Kindergarten, please contact Nancy Auslander at 520-745-5550, ext. 229 or *pkdirector@caiaz.org

TURN OVER

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 talk to director if you have questions regarding above*