CAI Esther B. Feldman Preschool Registration Form
School Year 2023-2024

For more information, please contact Allison Wetzel at 520-745-5550, ext. 229 or ECDirector@caiaz.org

$125 (Member) or $150 (Non-Member) non-refundable Registration Fee must accompany this form - see payment options below.

- Child's Name ______________________ Hebrew Name ______________________

  Date of Birth ____________ Age ________ ☐ Male ☐ Female

  Address ____

  City ______________ State ______ Zip ______ Home Phone ______________

- Parent/Guardian (1) Name ______________________ Hebrew Name ______________

  Employer ______________________________________ DOB ____________

  Work Phone ______________________ Cell Phone ______________________

  Parent/Guardian (1) Religion ______________ E-Mail ______________________

- Parent/Guardian (2) Name ______________________ Hebrew Name ______________

  Employer ______________________________________ DOB ____________

  Work Phone ______________________ Cell Phone ______________________

  Parent/Guardian (2) Religion ______________ E-Mail ______________________

  How did you hear about our school? ______________________________

  Siblings (names and dates of birth) ______________________________

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

  If you are affiliated with another synagogue, which one? ______________________

Please indicate age group:

(14 months, 2's and 3's must attend at least 3 half days. 4's must attend at least 5 half days).

☐ 14 months ☐ 2's ☐ 3 ☐ 4

Number of days attending ☐ Three (**M, W & F**) ☐ Five

Child Attending 9:00am - 12:30pm ☐ Half Day

9:00am - 3:30pm ☐ Full Day

Child's Primary Doctor ______________________ Phone ______________

Allergies or health problems ______________________________

Financial Assistance is requested (**Scholarship available to CAI Members only**) ☐ Yes

$125 (Member) or $150 (Non-Member) non-refundable Registration Fee payment options
(choose only one)

☐ Cash **☐ Check Number** ________ **☐ Bank Draft: Routing Number** ______________________

Account Number ______________________

☐ Visa/MC/Discover # ______________________ **Exp. Date** __________ **Sec. Code** __________

Signature ______________________________

Date entered school ______________ Date & reason withdrew ______________________

All tuition, extended care and synagogue membership charges (if applicable) must be current.

TURN OVER

ENROLLMENT FORM FOR CHILD WITH SPECIAL NEEDS

For more information, please contact Allison Wetzel at 520-745-5550, ext. 229 or **ECDirector@caiaz.org**

Child's Name ___________________________________

Parent/Guardian Name(s)

____

Name of physician or therapist ____

Address ____

____

Phone _____________________________________

Diagnosis of child's condition

____

____

Brief 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)