CAI Esther B. Feldman Preschool Registration Form
School Year 2024-2025

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 child's age group:

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

☐ 14 months ☐ 2's ☐ 3's ☐ Pre-K

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

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

9:00am - 3:30pm ☐ Full Day

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 ______________________________________

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.

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Special instructions

____

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____

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)