



**CAI Esther B. Feldman Preschool Registration Form
School Year 2025-2026**

*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.

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)