



Kehillath Israel Nursery School

384 Harvard Street | Brookline, MA 02446 | TEL: 617.731.9006 | FAX: 617.277.2919 | EMAIL: preschool@congki.org

Toddler Program

- three day
- two day

Nursery School Application 2012-2013

CHILD'S INFORMATION

child's name _____ male
 female
 first middle last

birthday (m/d/y) _____ age _____ as of September 30, 2012: _____ years _____ months
 primary language: _____ child _____ parent(s)

child's address (include zip code) _____ child's telephone number _____

PARENT INFORMATION (HOME / WORK)

Parent name _____ male
 female

home address (include zip code) _____

home telephone number _____ e-mail _____

occupation _____ hours at work _____

name of business _____

work address _____

work telephone number _____ cell phone _____

PARENT INFORMATION (HOME / WORK)

Parent name _____ male
 female

home address (include zip code) _____

home telephone number _____ e-mail _____

occupation _____ hours at work _____

name of business _____

work address _____

work telephone number _____ cell phone _____

sibling(s)	name	date of birth	name	date of birth
	① _____	_____	③ _____	_____
	② _____	_____	④ _____	_____

other persons in household	name	relationship
	_____	_____
	_____	_____

MEDICAL HISTORY

- any learning difficulties? _____
- any emotional difficulties? _____
- physical coordination difficulties? _____
- speech difficulties? _____
- hearing difficulties? _____
- allergies, please specify _____
- any need to administer medication or need special accommodations for your child while in school? Please explain:

- other, please explain: _____

Is there any other information we need to know about your child? _____

Previous playgroup and/or day care experience, please describe (include the number of times per week) _____

Is your family a member of Congregation Kehillath Israel? _____	If not, do you have another synagogue or minyan affiliation? (Please identify.) _____
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How did you hear about KINS? _____

Is your child currently receiving Early Intervention, special needs or community services or has received services in the past? (Please indicate program name.) _____

Do we have permission to contact this program?	<input type="radio"/> Yes	_____	_____
	<input type="radio"/> No	Contact Name	Telephone Number

★ SIGNATURE OF BOTH PARENTS REQUIRED

Signature of parent _____	date of application _____
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Signature of parent _____	date of application _____
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★ A \$50.00 non-refundable application fee and a \$350.00 tuition deposit must accompany this form