

Kehillath Israel Preschool

384 Harvard Street, Brookline, MA 02446 . Tel: 617-731-9006 . Fax: 617-277-9155 . Email: preschool@congli.org . www.congli.org/preschool

Preschool Application 2023-2024

CHILD'S INFORMATION

				<input type="checkbox"/> male
				<input type="checkbox"/> female
child's name	first	middle	last	
birthday	age as of Sept. 30, 2023:	years	months	primary language: child parents
child's address (include zip code)				child's telephone number

PARENT INFORMATION (HOME/WORK)

		<input type="checkbox"/> male
		<input type="checkbox"/> female
parent name		
home address (include zip code)		
home telephone number and e-mail		
occupation	hours at work	
name of business		
work address		
work telephone number	cell phone	

PARENT INFORMATION (HOME/WORK)

		<input type="checkbox"/> male
		<input type="checkbox"/> female
parent name		
home address (include zip code)		
home telephone number and 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. _____	_____

Name of other persons in household:

relationship

1. _____	_____
2. _____	_____

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 in school? Please explain:

☐ other, please explain: _____

Is there any other information we need to know about your child?
_____**Previously playgroup and/or day care experience, please describe**
(include the number of times per week)
_____**Are you a member of Congregation Kehillath Israel?**If not, do you have another synagogue or minyan
affiliation? (Please identify)
_____**How did you hear about KI Preschool?**
_____**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 the program?** ☐ Yes ☐ No _____
Contact Name and Telephone Number**SIGNATURE OF BOTH PARENTS REQUIRED**_____
Signature of parent_____
date of application_____
Signature of parent_____
date of application**A check for a \$95.00 non-refundable application fee and a check for a \$395.00 tuition deposit must accompany this form**