

# Kehillath Israel Preschool

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

## Preschool Application 2024-2025

### CHILD'S INFORMATION

male  
 female

\_\_\_\_\_

child's name                      first                      middle                      last

\_\_\_\_\_                      age as of                      \_\_\_\_\_                      \_\_\_\_\_                      primary language:                      \_\_\_\_\_                      \_\_\_\_\_  
birthday                      Sept. 30, 2024                      years                      months                      child                      parents

\_\_\_\_\_

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

### PARENT INFORMATION (HOME/WORK)

male  
 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)

male  
 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**

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