

The Judge Lewis and Mrs. Mildred Goldberg
Kehillath Israel Preschool

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

2024 Summer Application

CHILD'S INFORMATION

- male
 female

child's name _____
first middle last

birthday _____ age as of _____ primary language: _____
June, 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 \$375.00 non-refundable tuition deposit must accompany this form.

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