



CAI Esther B. Feldman Preschool/Kindergarten
School Year 2010-2011

Name of Child _____ Hebrew Name _____

Date of Birth _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____ Home Phone # _____

Mother's Name _____ Hebrew Name _____

Employment _____ DOB _____

Work Phone # _____ Cell or Pager # _____

Mother's Religion _____ E-Mail _____

Father's Name _____ Hebrew Name _____

Employment _____ DOB _____

Work Phone # _____ Cell or Pager # _____

Father's Religion _____ E-Mail _____

How did you hear about our school? _____

Brothers (names and dates of birth) _____

Sisters (names and dates of birth) _____

Member of Congregation Anshei Israel? Yes () No ()

If you are affiliated with another synagogue, which one? _____

Class you are interested in for your child:

18 Months _____ 2 _____ 2 ½ _____ 3 _____ 4 _____ Kindergarten _____

Number of days attending: three _____ four _____ five _____

If choosing 3 day option for 18 month, 2, 2 ½ and 3's – please circle which days M T W TH F

Child Attending: 9:00 – 12:30 Half Day _____

9:00 – 3:30 Full Day _____

9:00 – 5:30 Extended Day _____

9:00 – 3:00 Kindergarten _____

9:00 – 5:30 Kindergarten Extended _____

Name of Child's Doctor: _____ Phone # _____

Allergies or health problems: _____

Financial Assistance is Requested (Available to CAI Members Only): Yes () No ()

****A \$100.00 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS FORM.****

_____ Charge My Credit Card _____ Expiration Date _____

Security Code _____ Signature _____

Date entered school _____ Paid _____

Date & Reason Withdrew _____