

UNITED
SYNAGOGUE
OF HOBOKEN



KAPLAN
COOPERATIVE
PRESCHOOL

PRESCHOOL APPLICATION 2010-2011

Thank you for your interest in the Kaplan Cooperative Preschool. If you would like to apply for admission to our school, please complete the 2010-2011 application and return it to the school with a non-refundable \$75 application fee. Please make your check out to the United Synagogue of Hoboken.

Applications are accepted until February 1, 2010. Applications received after that date will be reviewed after the admission letters have been mailed out.

Upon receipt of your application, you will be contacted for a meeting at the school. Your child must accompany you for this visit. Admissions decisions will be mailed by March 15, 2010.

If you have further questions, please feel free to call the school at 201-653-8666 or email us at preschool@HobokenSynagogue.org

Rachelle Grossman
Director
Kaplan Cooperative Preschool



APPLICATION FOR ADMISSION

2010-2011 SCHOOL YEAR

Child's full name: _____

Nickname _____

Date of Birth: ___/___/___ Sex: M F

Home Address: _____

Phone: (____) _____

E-mail: _____

What language is spoken at home? _____

Are you a current member of this Synagogue? Y N

Are you a member of a different Synagogue? Y N

Synagogue Name _____

Is your child a sibling of a current Kaplan student? Y N

Is your child a sibling of a former Kaplan student? Y N

If so **Child's name** _____ **Years attended** *circle* 2½s 3s 4s

Is your child a sibling of a current Learning Center student? Y N

If so **Child's name** _____ **Current Grade** _____

Name: _____ Date of Birth: ___/___/___ Sex: M F

	Mother/Guardian	Father/Guardian
Name		
Profession		
Home Address		
Work Phone		
Home Phone		
Cell Phone		
E-mail address		

Does applicant have siblings? If so, list brothers' or sisters' names below

Please list child's previous group experience:

Are there any important events in your child's life that we should be aware of?

Name: _____ Date of Birth: ___/___/___ Sex: M F

Please let us know about any medical conditions or allergies that your child has:

Does your child have any special needs, allergies, or medical conditions? Has your child received speech therapy, occupational therapy, and/or physical therapy? If yes, please specify

Describe the role that Judaism plays in your family's life.

What are your goals in sending your child to a Jewish preschool?

Is there anything else you would like to share with us?

Name: _____ Date of Birth: ___/___/___ Sex: M F

Class Preference Sheet

Please check desired days and times

4s attend 5 days/week

3s attend 3, 4, or 5 days/week

2 1/2s attend T/Th, M/W/F or 5 days/week

Program	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Early Drop Off (8:00-9:00 am)					
Morning Preschool (9:00-12:00)					
Afternoon Preschool (12:30-3 or 3:30)**					
Afternoon Enrichment (12:00-3:00)					
After Care (3:00-6:00) <i>please note approximate pick up time</i>					

*Your preference is not guaranteed.

** 2 1/2- young 3s stay until 3:00, older 3s- 4s stay until 3:30. Both may stay for After Care.

Prefer morning preschool class

Prefer afternoon preschool class

Plan to use Enrichment periodically.

Plan to use Aftercare periodically.

I can be flexible with these days.

I can not be flexible with these days.

Name: _____ Date of Birth: ___/___/___ Sex: M F

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS.

The Kaplan Pre-school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

ADMISSIONS STATEMENT

This application is not binding upon either the applicant or the United Synagogue of Hoboken. If placement is offered, a contract will be issued. A place in the school will be reserved for your child upon return of the signed contract and enrollment fee. Final classroom placement is at the discretion of the Director and is subject to change.

Signed _____ Date ___/___/___

Please make all checks payable to United Synagogue of Hoboken.

Please return application and \$75.00 application fee to:

The United Synagogue of Hoboken
Kaplan Cooperative Preschool
115 Park Avenue
Hoboken, NJ 07030-3703