

Kehillah Jewish Preschool Application Form, 2010-2011
1200 Mason Farm Road, Chapel Hill, NC 27514
919-942-0233; preschool@chkehillah.org

KJP Use Only
Date Received _____
Sibling _____
Open Registration _____
Check# _____
Amount _____

Child's Last Name _____

Child's First and Middle Name _____

Hebrew Name (if applicable) _____

Birth Date _____ Gender Male Female

1st Parent's Name _____

Street Address _____ City _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email _____

Religious Background Jewish Other _____

2nd Parent's Name _____

Street Address (if different) _____ City _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email _____

Religious Background Jewish Other _____

Below are the programs we offer. Please indicate which days you would like for your child to attend. Your child will be placed in the most appropriate classroom based on the days chosen and your child's date of birth.

- Monday, Wednesday, Friday—9 a.m. - noon
- Tuesday, Thursday—9 a.m. - noon
- Monday through Friday—9 a.m. - noon
- Monday through Friday—8:30 a.m. - 2:30 p.m.*

*Please note that this class is available only to children who are 3 to 5 years old as of 8/31/2010.

Has your child had any previous experience with a preschool or childcare outside the home?

What are you looking for in a preschool? _____

Is there any additional information you want to share that would help us or your child at the Kehillah Jewish Preschool? _____

Family Information:

Religion practiced in the home _____

Religious rituals/celebrations practiced in the home _____

Please Check the Appropriate Box(es):

- We are current members of the Kehillah.
- My child has a sibling who is currently enrolled at the Kehillah Jewish Preschool.
- My child has a sibling who is currently enrolled in the Kehillah Religious School.
- My child has a sibling who is currently enrolled in another Religious School or Sunday School. Name of school: _____

I heard about KJP:

- From the Kehillah website
- From another parent whose child attends the program
- From the Chapel Hill/Carrboro Mother's Club
- Other _____

A \$36 non-refundable application fee is required with each application. Please make application fee checks payable to:

Kehillah Jewish Preschool
1200 Mason Farm Rd
Chapel Hill, NC 27514

For information, call 942-0233 or email preschool@chkehillah.org.

Parent Signature: _____ Date: _____