

Kehillah Jewish Preschool Application Form, 2011-2012
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

Are you interested in having your child stay for our extended day program from noon until 1 pm? If so, please circle the days you would like for your child to stay.

Monday Tuesday Wednesday Thursday Friday

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: _____