



60 Ashcroft Road /Mailing address: 100 Ames Street/Sharon, MA 02067
Phone: 781-784-8700 / fax: 781-793-9765/preschool@striaarhebrew.org

PRESCHOOL APPLICATION/REENROLLMENT FORM 2008-09

Child's Name _____
(Last) (First) (Middle) (Hebrew)

Home Address _____

Phone _____ Email address _____

Age (as of September 1, 2008) _____ Date of Birth _____ Hebrew DOB, if known _____

PROGRAM INTERESTED IN (Please check one):

____ *Toddler Program _____ 2 days (T/TH) **OR** _____ 3 days (M/W/F) **OR** _____ 5 days _____ Pre-Kindergarten (5 days only)
____ Nursery _____ 3 days (M/W/F) **OR** _____ 5 days _____ Kindergarten (5 days only)

*Toddler Program will be offered based on sufficient enrollment.

Toddler, Nursery and Pre-K hours are 9:00 a.m. - 12:00 p.m. Kindergarten hours are M-Th 9:00 a.m. - 3:00 p.m., Friday 9:00 a.m. - 12:00 p.m. Early Drop-off is available from 8:00 a.m. - 9:00 a.m. Optional Enrichment Programs are available for Nursery and Pre-K (and Kindergarten on Friday only) from 12:00 - 3:00 p.m. Please contact the school for information about the Extended Day Program.

Previous Schooling _____

Please check if your child has had an educational screening or early intervention services prior to this school year and attach a copy of the testing information, so that we can work properly with your child. This information is kept strictly confidential.

COMPLETE THE FOLLOWING SECTION FOR NEW STUDENTS, OR IF ANY INFORMATION HAS CHANGED SINCE LAST YEAR:

Father's Name/Occupation _____ Place of Birth _____
Home Address/Phone (if different from above) _____
Mother's Name/Occupation _____ Place of Birth _____
Home Address/Phone (if different from above) _____
Synagogue/Rabbi affiliation _____
Is the child adopted? _____ Name of Adoption Agency _____
Was mother born to a Jewish mother? _____ Was father born to a Jewish mother? _____
Has mother/father/child been converted to Judaism? _____ Who? _____
Are parents: Divorced? _____ Separated? _____ Remarried? _____
If so, with whom does child reside? _____

ENCLOSED IS NON-REFUNDABLE REGISTRATION FEE OF \$350 (\$100 discount if registered by **January 15, 2008**).
I hereby certify that the information given on this form is complete and accurate.

(Date) (Signature of Parent or Guardian)

Tuition Assistance applications are available in the office and are due **May 1, 2008**. Tuition assistance is not available for the Toddler, Enrichment and Early Drop-Off and Extended Day Programs.

OFFICE USE ONLY:
Date Received: _____ Amount Received: _____ By Whom: _____