

Kneseth Israel Pre-School  
1125 Spa Road  
Annapolis, MD 21403  
410-263-3924 ext. 8

For School Use:  
Date paid: \_\_\_\_\_  
Check #: \_\_\_\_\_

### Application 2016-2017

Child's name: \_\_\_\_\_ nickname \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Allergies \_\_\_\_\_

Religion: \_\_\_\_\_ Affiliation: Kneseth Israel \_\_\_\_\_ Other \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Phone (h) \_\_\_\_\_

Phone (w) \_\_\_\_\_

Phone (c) \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Phone (h) \_\_\_\_\_

Phone (w) \_\_\_\_\_

Phone (c) \_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

Previous school experience \_\_\_\_\_

Favorite activities/play materials \_\_\_\_\_

Left or right handed \_\_\_\_\_ Toilet trained \_\_\_\_\_ Toilet words \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

How does your child behave when afraid or angry? \_\_\_\_\_

What helps reassure him/her? \_\_\_\_\_

What would you like your child to gain from his/her experience at  
KI? \_\_\_\_\_

Will you need Daycare on a regular basis? \_\_\_\_\_ Days \_\_\_\_\_ hours \_\_\_\_\_

### Session Desired

2 yr. Old \_\_\_\_\_ Tuesday, Thursday 9:00 - 11:30 a.m.

3 yr. Old \_\_\_\_\_ Monday, Wednesday, Friday 9:00 - 12:00 noon

3 yr. Old \_\_\_\_\_ Monday - Friday 9:00 - 12:00 noon

4 yr. Old \_\_\_\_\_ Monday - Friday 9:00 - 12:00 noon

**\*\$100.00 non-refundable registration fee must accompany this form.**