

Kneseth Israel Nursery School
1125 Spa Road
Annapolis, MD 21403
410-263-3924 ext. 8
Jerri Shafran, Director

For School Use:
Date paid: _____
Check #: _____

Application/Contract 2012-2013

Child's name: _____ nickname _____

Date of birth: _____ Male/Female _____ Allergies _____

Religion: _____ Affiliation: Kneseth Israel _____ Other _____

Parents/Guardian _____

Address: _____

Email Address: _____

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 _____ Mon, Wed, Fri. 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

3-4 yr. Old _____ Monday - Friday 12:00 - 2:30 p.m.

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