



# KTI Early Childhood Program

Congregation Kneses Tifereth Israel · 575 King Street Port Chester, NY 10573 · 914.939.1010 · 914.939.1086 (f) · ktiectp@gmail.com

## FOUR'S REGISTRATION FORM 2018-2019

CHILD'S FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_

NICKNAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

PRIMARY E-MAIL \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_

SYNAGOGUE MEMBER \_\_\_\_\_ NON MEMBER \_\_\_\_\_

I would like to enroll my child in:

\_\_\_\_ 4 Year Old Program: 3 Full Days - Monday, Tuesday, Wednesday - 9:00 AM -2:15 PM  
2 Half Days - Thursday, Friday - 9:00-11:45 AM

.....  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Business Address & Phone (Father) \_\_\_\_\_

Business Address & Phone (Mother) \_\_\_\_\_

Name & Ages of Siblings \_\_\_\_\_

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

(over)

We want to make your child's preschool experience the very best possible. Please help us by filling out the information below.

Has your child ever been to pre-school? \_\_\_\_\_ Play Group? \_\_\_\_\_

If so, for how long? \_\_\_\_\_

Does your child have any physical limitations or restrictions? If yes, please describe:

\_\_\_\_\_

Is your child receiving any support services? \_\_\_\_\_ If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_

\_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If yes, describe allergy: \_\_\_\_\_

\_\_\_\_\_

What kind of pets do you have in your home, if any? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special interests? \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Please provide any further information which may help our school understand your child's needs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_



I hereby apply to enroll my child \_\_\_\_\_ in the KTI Early Childhood Program for the School year of 2018-2019 in the four's program. I hereby agree to abide by the rules and regulations of KTI and its Early Childhood Program. I agree to pay the sum of \$1000.00 NON-REFUNDABLE TUITION DEPOSIT. I also agree to pay 25% of the balance of my child/children's tuition by February 1<sup>st</sup>, 25% by May 1<sup>st</sup>, 25% by July 1<sup>st</sup> and the balance by September 1<sup>st</sup>. I understand that the tuition is non-refundable. *Please make checks payable to Congregation KTI.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Person responsible for payment)

I will be responsible for my child's transportation to and from school.

Parent Signature \_\_\_\_\_

.....

I HEREBY GIVE PERMISSION FOR INFORMATION REGARDING MY CHILD \_\_\_\_\_ TO BE RELEASED TO HIS/HER ELEMENTARY SCHOOL AND TO BE SCREENED BY AN OCCUPATIONAL THERAPIST.

Parent Signature \_\_\_\_\_

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We take pictures/videos of the children engaged in various activities during our program. These pictures are used for bulletin board displays and/or classroom activities.

I GIVE MY PERMISSION FOR MY CHILD \_\_\_\_\_ TO BE PHOTOGRAPHED OR FILMED.

Parent Signature \_\_\_\_\_

.....

I understand there is a "no request" policy at KTI ECP for class placement.

Parent Signature \_\_\_\_\_

WE ARE NOT RESPONSIBLE FOR MAKE UP CLASSES DUE TO INCLEMENT WEATHER OR ACTS BEYOND OUR CONTROL WHICH RESULT IN THE CLOSING OF SCHOOL.