



KTI Early Childhood Program

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

Registration is now open for 2018 – 2019

Parent-Child Program

KTI Early Childhood Program provides a warm, safe setting where parent and child develop new relationships with peers. Your children will nurture their curiosity through play, stories, songs, crafts and a snack. Guided by an early childhood teacher and her assistant, toddlers can explore separation, while parents participate in discussions about topics of interest and concern.



September 27, 2018 – May 23, 2019

Thursday mornings 9:00am – 10:15am

Children should be 12 months by October 2018. Caregivers welcome!

Tuition: \$1350

Please contact the ECP office at 939-1010 for additional information.

A \$100 NON-REFUNDABLE/NON-TRANSFERABLE DEPOSIT IS REQUIRED WITH APPLICATION



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PARENT-CHILD REGISTRATION FORM 2018-2019

DATE _____

CHILD'S NAME _____ NICKNAME _____ M ___ F ___

HOME ADDRESS _____

TELEPHONE NUMBER _____ CELL PHONE _____

PRIMARY EMAIL _____

CHILD'S DATE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION (Father) _____ (Mother) _____

BUSINESS ADDRESS & PHONE (Father) _____

BUSINESS ADDRESS & PHONE (Mother) _____

NAME & AGE(S) OF SIBLINGS _____

CHILD'S PHYSICIAN _____

ADDRESS _____ PHONE _____

Name and relationship of caregiver who will stay with your child in class

How did you hear about us? _____

We want to make your child's preschool experience the very best possible. In order to do so, we need your help. The more information we have about your child the easier it will be for our teachers to understand him/her and encourage his/her development. Therefore, we ask you to share your experiences, hopes and feelings with us, with the assurance that they will be treated with professional confidence.

Has your child ever been to a play group? _____

If so, for how long? _____

Does your child have any physical limitations or restrictions? _____

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? _____

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



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PARENT CHILD CONTRACT 2018-2019

CHILD'S FULL NAME: _____ MALE _____ FEMALE _____

PARENTS' NAME: _____ DATE: _____

ADDRESS _____

PRIMARY EMAIL _____ CELL PHONE _____

ENROLLMENT AND PAYMENT 2018-2019

To enroll your child in our program, you must complete the Contract Registration Form and submit it along with a NON-REFUNDABLE tuition deposit of \$100 to KTI. The balance of the tuition is due three weeks before class begins.

The program reserves the right to cancel any class without penalty due to insufficient enrollment. If a class is canceled, tuition deposits will be fully refunded. Tuition is listed below.

KTI Early Childhood Program is not responsible for classes that are canceled due to bad weather.

I hereby apply to enroll my child in the Parent-child Program for the school year beginning September 20, 2018. I hereby agree to abide by the rules and regulations of KTI and its Early Childhood Program. I agree to pay the sum of \$100 NON-REFUNDABLE/NON-TRANSFERABLE TUITION DEPOSIT.

This program is on a first come-first served basis.

Thursdays: 9am – 10:15am
September 27, 2018 – May 23, 2019
\$1350

TUITION: _____ DEPOSIT: _____ BALANCE DUE: _____

Parent Signature _____ Date _____

School closings due to holidays or vacation will be determined upon receipt of final calendar. We are not responsible for make up classes due to inclement weather or acts beyond our control which result in the closing of school.



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Parent/Child Information and Emergency Form

CHILD'S NAME _____ DATE OF BIRTH _____

PARENTS' NAMES _____

ADDRESS _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

NAME & TELEPHONE NUMBER OF 2 PEOPLE TO BE CONTACTED IN CASE OF AN
EMERGENCY

SIBLINGS/AGES _____

PETS _____

ALLERGIES _____
