



PRE-SCHOOL/KINDERGARTEN APPLICATION FOR ADMISSION

5771 Academic Year 2010-2011
5235 S. Cornell Avenue, Chicago, IL 60615
Phone: 773-493-8880
Fax: 773-493-9377

Date: _____

A. GENERAL INFORMATION

Child's Name

Last First Middle Hebrew

Primary Home Address

Street City State Zip Code

Place of Birth _____ Date of Birth _____ Male Female

B. FAMILY INFORMATION:

Parent/Guardian 1

Name Relationship to Child

Check here if child lives with this parent/guardian

Home Address (if different from child)

Street City State Zip Code

Email _____ Religion _____

Home Phone _____ Mobile Phone/Pager _____

Occupation _____ Employer Phone _____

Employer Address

Street City State Zip Code

Check here to include the above information in the school directory Do not include us in the directory

Parent/Guardian 2

(Feel free to duplicate this page for additional parents/guardians)

Name Relationship to Child

Check here if child also lives with this parent/guardian

Home Address (if different from child)

Street City State Zip Code

Email _____ Religion _____

Home Phone _____ Mobile Phone/Pager _____

Occupation _____ Employer Phone _____

Employer Address

Street City State Zip Code

Check here to include the above information in the school directory Do not include us in the directory

Continued →

Siblings

Name:	Birth date:	School and Grade:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Others Living with the Family

Languages Spoken at Home

Applicant's Family Relationship

Married Divorced Separated Parent Deceased Other _____

C. APPLICANT'S ACADEMIC BACKGROUND

Previous School(s) Name Dates of Attendance School Address/Phone Number

Please list both secular and Hebrew schools

1. _____	_____	_____
2. _____	_____	_____

If you are applying to Akiba-Schechter for the first time, how did you learn about our school?

If a friend recommended Akiba-Schechter, please let us know who we can thank for the referral.

Is there anything we should consider when determining your child's placement, including your child's academic, emotional, health, or developmental circumstances?

Feel free to include a separate attachment with your application.

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Akiba-Schechter Program you are applying for:

Pre-School (Please indicate your preference):

Program Name	Ages/Eligibility	Days of the Week	Times
Parent-Toddler <input type="checkbox"/>	12 months & up.	Thursdays & Fridays	9:00 A.M. to 10:30 A.M.
Ready! Set! Go! <input type="checkbox"/>	2 years old by Nov. 1	Mon/Tues/Wed	8:30 A.M. to 11:00 A.M.
5 Mornings <input type="checkbox"/>	Classes for 2 year olds, 3 year olds, 4 year olds, & 5 year olds	Monday — Friday	8:30 A.M. to 12:00 Noon
Afternoons <input type="checkbox"/>	Classes for 2 year olds, 3 year olds, 4 year olds, & 5 year olds	Monday — Friday	1:00 P.M. to 3:30 P.M., (1:00 – 2:30 P.M. on Friday)

Add-ons:

Early Drop-off <input type="checkbox"/>	All enrolled Pre-Schoolers	Monday — Friday	7:45 A.M. to 8:30 A.M.
Extended Day <input type="checkbox"/>	All enrolled Pre-Schoolers	Monday — Friday	12:00 noon to 3:30 P.M. (2:30 P.M. on Friday)
Late Pickup <input type="checkbox"/>	All enrolled Pre-Schoolers	Monday — Thursday	3:30 p.m. to 5:15 P.M. (No late pick-up on Friday)

Kindergarten 5 years old by Sept. 1; Monday-Thursday 8:30 A.M. to 3:30 P.M., Friday 8:30 A.M. to 2:30 P.M.

Kindergarten

Add-ons:

	Eligibility	Days of the Week	Times
Early Drop-off <input type="checkbox"/>	All enrolled Kindergartners	Monday — Friday	7:45 A.M. to 8:30 A.M.
Late Pickup <input type="checkbox"/>	All enrolled Kindergartners	Monday — Thursday	3:30 p.m. to 5:15 P.M. (No late pick-up on Friday)
JCC Kids Club <input type="checkbox"/>	All enrolled Kindergartners	Monday — Thursday	3:30 p.m. to 6:00 p.m.

D. FINANCIAL RESPONSIBILITY

Person(s) financially responsible for child: _____

For Kindergarten only: Check here if scholarship is needed.

Contact information
(if different from parent/guardian
information above)

Street _____ City _____ State _____ Zip Code _____

Email _____ Relationship to Child _____

Occupation _____ Employer Phone _____

Employer Address _____
Street _____ City _____ State _____ Zip Code _____

Continued ⇨

E. HEALTH:

Is there anything in your child's health history, including physical, emotional and psychological health not yet addressed in this application?

A non-refundable \$75.00 application fee must accompany this application.

We/I verify that the information in this application is accurate and current. We/I are/am authorized to make education decisions for this child.

Parent/Guardian Name (Print) and Signature

Date

Thank you for applying to Akiba-Schechter Jewish Day School. Please feel free to contact us if you have any questions.

Carla Goldberg
Pre-School Director

Miriam Schiller
Principal

Akiba-Schechter Pre-School and Kindergarten is a NAEYC (National Association for the Education of Young Children) accredited program open to all children. We are a community school that creates a safe, stimulating, nurturing environment for children to learn through active exploration and play.

For office use only:

Date application received: _____
Application fee received: _____
Account number: _____
Approved to enroll: _____
Setup complete: _____

