

2019-2020 Richard E. Rudolph Jr. Preschool Application



Reform Congregation Keneseth Israel
8339 Old York Road, Elkins Park, PA 19027
Liz Sussman, Director of Early Childhood Education
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Tel: 215-887-8700



Child's Name: _____ **Start Date:** _____
_____ **Age as of Sept. 3rd,** _____
Date of Birth: _____ **2019:** _____

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Emergency Contact: _____	Relation: _____
Cellphone: _____	Home Phone: _____

Additional Information:

If your child has any allergies, specific needs, or has been diagnosed with any physical, educational, emotional, or behavioral disability, please provide as much detail as possible on this form and attach any documented information. Approximately every six months, you will receive a Child Service Report for your child. This report describes your child's growth and development in the context of the services provided by our Preschool. The areas of observation align with Pennsylvania Learning and Academic Standards for Early Childhood.

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Important Notes:

- Acceptance and placement of your child is at the discretion of the Preschool Director.
- **Your application will be processed after payment of the \$100 registration fee (\$50 for KI members). This fee is non-refundable and non-transferable.**
- If you withdraw from the Preschool, you are responsible for payment of tuition until the end of the month following the date of departure.
- **All schedule changes during the year must be approved by Liz and Kelly.**
- For your convenience, your account will be billed in monthly installments, and tuition is due on the first of the month. June, July, and August are the only months that can be pro-rated based upon your summer plans.

Please check the boxes indicating the days and hours your child will be attending.

Weekly Schedule	Early Care	Morning Program	Lunch Bunch	Full Day Program	Late Care	Late Care	Extended Day
	7am-9am	9am-12pm	12pm-1pm	9am-3pm	3pm-4:30pm	3pm-6pm	7am-6pm
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							

For early and late care, please provide the times your child will be dropped off and picked up.

Parent Signature:

Date:



Before your child can begin school, they will require a Child Health Assessment from their pediatrician and a completed emergency form. Your child cannot begin preschool without these important documents. These forms, and a few other items, will be sent to you via email once your registration has been processed.

FOR CREDIT CARD PAYMENTS ONLY:-

Complete only if paying by credit card. Your card will be charged monthly a few days before the first of the month.

Payment options (please circle): Mastercard or VISA

Credit Card # _____ Exp. Date _____ CVV# _____