



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

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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 1st, 25% by May 1st, 25% by July 1st and the balance by September 1st. 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 _____

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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 _____

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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.