

UNITED  
SYNAGOGUE  
OF HOBOKEN



KAPLAN  
COOPERATIVE  
PRESCHOOL

## **PRESCHOOL APPLICATION 2012-2013**

Thank you for your interest in the Kaplan Cooperative Preschool.

If you would like to apply for admission to our school, please complete the application and return it to the school with a non-refundable \$75 application fee. Please make your check payable to the United Synagogue of Hoboken.

Applications are accepted until January 31, 2012. Applications received after that date will be reviewed after admission letters have been mailed. Priority applications are due by January 6, 2012.

Upon receipt of your application, you will be contacted to arrange a visit to the school. Your child must accompany you for this visit. Admissions decisions will be mailed on or about March 1, 2012.

If you have further questions, please feel free to call the school at 201-653-8666 or email us at [ushpreschool@gmail.com](mailto:ushpreschool@gmail.com).

Rachelle Grossman  
Director  
Kaplan Cooperative Preschool



# APPLICATION FOR ADMISSION 2012-2013 SCHOOL YEAR

Child's full name: \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex: M F

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

E-mail: Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Are you a current member of this Synagogue? Y N

Are you a member of a different Synagogue? Y N

Synagogue Name \_\_\_\_\_

Synagogue Contact Info (phone, email or website) \_\_\_\_\_

Is your child a sibling of a current Kaplan student? Y N

Is your child a sibling of a former Kaplan student? Y N

*If yes* **Child's name** \_\_\_\_\_ **Years attended** *circle* 2½'s 3's 4's

Is your child a sibling of a current Learning Center student? Y N

*If yes* **Child's name** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

Does applicant have siblings? List brothers' or sisters' names below

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Sex: M F

Please list applicant's previous group experience:

---

---

---

Are there any important events in your child's life that we should be aware of?

---

---

---

Please let us know about any medical conditions or allergies that your child has:

---

---

|                       | Parent 1 | Parent 2 |
|-----------------------|----------|----------|
| <b>Name</b>           |          |          |
| <b>Profession</b>     |          |          |
| <b>Home Address</b>   |          |          |
| <b>Work Phone</b>     |          |          |
| <b>Home Phone</b>     |          |          |
| <b>Cell Phone</b>     |          |          |
| <b>E-mail address</b> |          |          |

Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Sex: M F

Does your child have any special needs, allergies, or medical conditions? Has your child received speech therapy, occupational therapy, and/or physical therapy? If yes, please specify

---

---

---

Describe the role that Judaism plays in your family's life.

---

---

---

---

What are your goals in sending your child to a Jewish preschool?

---

---

---

---

Is there anything else you would like to share with us?

---

---

---

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F

## Class Preference Sheet

**Please check desired days and times**

4's attend 5 days/week (9-12 or 12:30-3:30)

3's attend 3, 4, or 5 days/week (9-12 or 12:30-3:30)

2 1/2's attend T/Th, M/W/F or 5 days/week (9-12 or 12:30-3:00)

| Program  | <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
|--|---------------|----------------|------------------|-----------------|---------------|
| Early Drop Off<br>(8:00-9:00 am)   |               |                |                  |                 |               |
| Morning<br>Preschool<br>(9:00-12:00)   |               |                |                  |                 |               |
| Afternoon<br>Preschool<br>(12:30-3 or 3:30)                                      |               |                |                  |                 |               |
| Morning<br>Enrichment for PM<br>students<br>Mon/Thurs.<br>11-12:30               |               |                |                  |                 |               |
| Morning<br>enrichment for PM<br>students<br>Tues/Wed:<br>9-12:30                 |               |                |                  |                 |               |
| Afternoon<br>Enrichment<br>(12:00-3:00)  |               |                |                  |                 |               |
| After Care<br>(3:00-6:00)<br><i>please note<br/>approximate pick up<br/>time</i> |               |                |                  |                 |               |

Prefer morning preschool class  
Prefer afternoon preschool class

Plan to use Enrichment periodically.  
Plan to use Aftercare periodically.

I can be flexible with these days.  
I cannot be flexible with these days.

**Your preference is not guaranteed.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: M F

**NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS.**

The Kaplan Pre-school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**ADMISSIONS STATEMENT**

This application is not binding upon either the applicant or the United Synagogue of Hoboken. If placement is offered, a contract will be issued. A place in the school will be reserved for your child upon return of the signed contract and enrollment fee. Final classroom placement is at the discretion of the Director and is subject to change.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Please make all checks payable to the "United Synagogue of Hoboken".  
Please return application and \$75.00 application fee to:

The United Synagogue of Hoboken  
Kaplan Cooperative Preschool  
115 Park Avenue  
Hoboken, NJ 07030-3703

Phone: 201-653-8666  
Email: ushpreschool@gmail.com