



Dear Prospective Early Childhood Center Parent(s),

Thank you for considering our Early Childhood Center for your child.

Our goal is for each child to grow into an integrated personality whose life is enriched daily by the cultural background of their Jewish heritage.

We believe that children learn and develop intellectually at their own rate and style. We respect their rate and offer many different styles for them to choose. We believe in a multi-sensory approach to learning and will implement various approaches throughout the day. We aim to foster and develop positive attitudes towards school and learning, and develop socialization skills, self-esteem, and independence.

We provide each child with an environment set up to stimulate their curiosity for learning, carefully planned for the best social, emotional, and intellectual development. Your child will be provided with the opportunity to explore his/her environment through play, stories, songs, water and sand play, movement, art, painting, and a variety of other stimulating activities.

Please fill out the attached application for admission to the Temple Emanuel Early Childhood Center. This application, when accompanied by your \$100.00 non-refundable application fee, will ensure consideration for next year's program.

The key to our success is communication between you, your child's teacher, and school administrator. As director of the Early Childhood Center, I look forward to meeting with you.

Sincerely,

Stacy Kesner

Stacy Kesner, M.A.
Early Childhood Center Director





TEMPLE EMANUEL EARLY CHILDHOOD CENTER ENROLLMENT APPLICATION

CHILD'S NAME _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

HOME ADDRESS _____

CITY/STATE/ ZIP CODE _____

HOME TELEPHONE _____

PARENT NAME _____

PARENT NAME _____



HOME ADDRESS
IF DIFFERENT FROM CHILD

HOME ADDRESS
IF DIFFERENT FROM CHILD

HOME PHONE NUMBER
IF DIFFERENT FROM CHILD

HOME PHONE NUMBER
IF DIFFERENT FROM CHILD

CELL PHONE NUMBER

CELL PHONE NUMBER

BUSINESS PHONE NUMBER

BUSINESS PHONE NUMBER

PARENT'S OCCUPATION

PARENT'S OCCUPATION

PARENT'S EMAIL

PARENT'S EMAIL

SIBLINGS:

NAME _____ AGE _____ SCHOOL _____

NAME _____ AGE _____ SCHOOL _____

NAME _____ AGE _____ SCHOOL _____





WHAT LANGUAGE OR LANGUAGES ARE SPOKEN AT HOME? _____

DOES YOUR CHILD HAVE SPECIAL NEEDS? _____

DESCRIBE ANY ILLNESSES, ALLERGIES, AND/OR MEDICATIONS YOUR CHILD IS ON?

WHAT FAMILY ACTIVITIES DOES YOUR CHILD ENJOY?

WHAT ARE YOUR CHILD'S FAVORITE GAMES AND INTERESTS?

HOW MUCH TELEVISION DOES YOUR CHILD WATCH? _____

DOES YOUR CHILD HAVE A PET? IF SO, WHAT KIND? _____

HAS YOUR CHILD HAD ANY FORMAL GROUP EXPERIENCE? (I.E. PARENT AND ME CLASSES, GYM CLASSES, SWIMMING LESSONS, ETC...) PLEASE LIST PROGRAMS

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD IN OUR EARLY CHILDHOOD CENTER PROGRAM?

WHY DID YOU CHOOSE TO APPLY TO OUR EARLY CHILDHOOD CENTER?

HOW DID YOU HEAR ABOUT OUR EARLY CHILDHOOD CENTER?

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION

