



## KAPLAN PRESCHOOL APPLICATION 2019-2020 SCHOOL YEAR

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.

Upon receipt of your application, you will be contacted to arrange a visit to the school with your child.

Applications received by January 31, 2019, will be notified about admission on or about Friday, March 1, 2019. Applications received after January 31, 2019, will be admitted as space allows.

The Kaplan Cooperative Preschool grants admission priority to new applicants who fall into one or more of the following categories:

- Siblings of current Kaplan students
- Siblings of current Learning Center students
- Children of members of the United Synagogue of Hoboken.

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 2019-2020 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 so **Child's name** \_\_\_\_\_ **Years attended** *circle* 2½s 3s 4s

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

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

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

\_\_\_\_\_

Child's Name: \_\_\_\_\_

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>		

Child's Name: \_\_\_\_\_

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?

---

---

---

Child's Name: \_\_\_\_\_

**Class Preference Sheet: Your preference cannot be guaranteed  
Please check desired days and times**

Program	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<b>HOBOKEN:</b> <b>Early Drop Off</b> 8:00-9:00					
<b>Preschool</b> 9:00-12:00					
<b>Afternoon Enrichment</b> 12:00-3:00 or					
<b>Lunch Bunch</b> <b>12:00 -1:00pm</b>					
<b>After Care</b> (3:00-6:00) <i>give approx.pick up time</i>					
<b>Gan Katan at USH</b> (2 year olds) 9:00-11:00					<u>NO CLASS</u>
<b>Gan Katan at USH</b> (2 year olds) 10:30-12:30		<u>NO CLASS</u>		<u>NO CLASS</u>	
<b><u>JERSEY CITY:</u></b> <b><u>54 Coles St.</u></b>	Early drop-off: 8:30-9:00am				
<b>Gan Katan at JC</b> 9:00-11:00am					
<b>KPS at JC</b> 9:00am-1:00pm					

☐

I can be flexible with these days

☐

I cannot be flexible with these days

Child's Name: \_\_\_\_\_

**NOTICE OF NONDISCRIMINATORY POLICY**

The Kaplan Cooperative Preschool 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, disability or sexual orientation 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

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