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, 2017 will be notified for admission beginning Wednesday, March 1, 2017. Applications received starting February 1, 2017 will be admitted as space allows.

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

- Siblings of current Kaplan students
- 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.

Rachelle Grossman
Director
Kaplan Cooperative Preschool
APPLICATION FOR ADMISSION
2017-2018 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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<thead>
<tr>
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<th>Parent 1</th>
<th>Parent 2</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Profession</td>
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<tr>
<td>Home Address</td>
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<td>Work Phone</td>
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<td>Cell Phone</td>
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<tr>
<td>E-mail address</td>
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</tbody>
</table>
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?

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

- 4's should attend a minimum of 5 days/week 9-12
- 3's should attend a minimum of 3, 4, or 5 days/week 9-12
- 2 1/2's can attend a minimum of 2, 3, 4 or 5 days/week 9-12
- Gan Katan - 2 hour drop off for 2 year olds, 9a-11a offered Mon-Thurs and Fridays 10:15-12:15
- All students (except Gan Katan students) can add early drop off starting at 8am or stay for lunch until 1:00, enrichment to 3:00 and/or after care any part between 3:00-6:00 pm

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<thead>
<tr>
<th>Program</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>Early Drop Off</td>
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<td>8:00-9:00</td>
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<td>Preschool</td>
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<td>9:00-12:00</td>
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<td>Afternoon Enrichment</td>
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<td>12:00-3:00</td>
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<td>Lunch Bunch</td>
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<td>12:00-1:00</td>
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<td>Gan Katan</td>
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<td>(2 year olds)</td>
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<td>9:00-11:00</td>
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<td>10:15-12:15 Fri</td>
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<td>After Care</td>
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<td>(3:00-6:00)</td>
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<td>please note approximate pick up time</td>
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☐ 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