



KAPLAN
COOPERATIVE
PRESCHOOL

Child's Full Name: _____

Nickname: _____

Date of Birth: ___/___/___

Sex: M F

Home Address: _____

Home Phone: _____ **Cell phone:** _____

Parent 1 email: _____

Parent 2 email: _____

What language is spoken at home? _____

Which class are you signing up for? _____

Are you a current member of this Synagogue? Y N

Are you a member of a different Synagogue? Y N