



Adat Reyim
Preschool

2021 - 2022 Academic Year Application Form

Child's First & Last Name				Gender: M F
Birth Date				
Name of Sibling	Age	Formerly attended this preschool?	Yes No	
Name of Sibling	Age	Formerly attended this preschool?	Yes No	
Home Street Address				
City	State	Zip Code		
Home Phone				
Home E-Mail				

Parent #1 Information	Parent #2 Information
First and Last Name	First and Last Name
Address (only if different from your child's)	Address (only if different from your child's)
Occupation	Occupation
E-Mail	E-Mail
Telephone	Telephone
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home

1. Are there any special family circumstances that might be a factor in your child's behavior or adjustment?

2. Is there anything else you would like us to know about your child that would help us better understand him/her? (Examples may include but are not limited to: speech/hearing concerns, noise sensitivities, sensory sensitivities, premature birth, etc.)