



758 South 23rd Street · Arlington, VA 22202
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APPLICATION FOR ADMISSION FOR SCHOOL YEAR 2009-2010

Date of Application _____

Name of Child: _____ Date of Birth: _____

Address: _____ Zip _____

Home Phone: _____ Email _____

Father's Name: _____ Occupation: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Number of Siblings, age and sex: _____

How did you hear about Keshet? _____

Has your child had previous group experience (preschool, daycare, play groups, for example)?

What helped you to decide to enroll your child in our program? _____

To facilitate class assignments and curriculum planning, please indicate below, the number of hours per day and the numbers of days per week, you would like your child to attend preschool:

_____ 2-year-old class (2 days): Tuesday and Thursday 9:15-1:15
_____ 3-year-old class: (3 days) Monday, Wednesday and Friday 9:15-1:15
_____ Pre-K class: Monday through Friday 9:15-1:15

We offer early drop off daily from 8:15 to 9:15 a.m. For planning purposes, please indicate if you plan on utilizing this service.

I plan to make use of early morning drop off (please check one):

Never _____ Sometimes _____ Often _____

A non-refundable registration fee of \$100.00 must accompany this application in order to reserve a place in our program.

Please make your check payable to KESHET CHILD DEVELOPMENT CENTER.

Signed _____

Relationship to Child: _____

For school use only:

Date received: _____ Application fee: Check # _____ Amount: _____

Acceptance Letter Sent: _____ Date: _____

Enrolled: _____ yes _____ no, reason: _____