



EARLY CHILDHOOD PROGRAM APPLICATION 2017 -2018 SCHOOL YEAR

APPLICANT INFORMATION

Applicant's Name				
Last	First	Middle	Hebrew	Likes to Be Called
Address				
Street	City	State	Zip	
Home Phone _____		Primary E-mail _____		
Date of Birth _____		Age _____	Gender (circle one) M F	
Current Grade _____				

PARENT INFORMATION

Parent 1 _____		
Title and First Name	Hebrew Name	Occupation
Name of Business	Business Address	Business phone number
Cell phone	E-mail Address	Synagogue affiliation
Parent 2 _____		
Title and First Name	Hebrew Name	Occupation
Name of Business	Business Address	Business phone number
Cell phone	E-mail Address	Synagogue affiliation

PLEASE CHECK ALL SPECIAL FAMILY CIRCUMSTANCES THAT APPLY

- Stepmother
 - Parents Divorced
 - Adopted
 - Converted Mother
 - Non-Jewish Father
 - Stepfather
 - Widowed
 - Converted Child
 - Converted Father
 - Non-Jewish Mother
- If converted, please attach documentation (will remain confidential).*

By Whom	Conversion Date
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SIBLINGS CURRENTLY NOT ATTENDING POLITZ DAY SCHOOL

Name: _____ D.O.B. _____ School Attending _____ Grade _____

Name: _____ D.O.B. _____ School Attending _____ Grade _____

Name: _____ D.O.B. _____ School Attending _____ Grade _____

Name: _____ D.O.B. _____ School Attending _____ Grade _____

(Please use other side if you need more space)

EMERGENCY CONTACT OTHER THAN PARENT

Name	Relationship	Phone #	Cell #
Name	Relationship	Phone #	Cell #

GRANDPARENT INFORMATION

Grandparent 1: _____

Name	Address
Phone	Email

Grandparent 2: _____

Name	Address
Phone	Email

OTHER INFORMATION

Does your child have an IEP or a Psychoeducational Assessment?
___ No ___ Yes (please attach)

If yes, please describe the special education services your child receives.

Did/Does your child receive Early Intervention Services? ___ No ___ Yes If yes, please describe. _____

EATING

Does your child have any food allergies? _____ If yes, please describe _____

What does your child use to drink?

___ bottle ___ sippy cup ___ regular cup ___ nursing ___ other: _____

How often does your child eat?

SLEEPING

Does your child nap? _____ How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or "lovey," or pacifier? ___ Yes ___ No

Are there specific bedtime routines at home?

Where does your child sleep at home?

TOILETING

Does your child use diapers? ___ Yes ___ No

Does your child use a potty or the toilet? _____

How does your child let you know that it's time "to go?" _____

Does your child need regular reminders to use the bathroom? ___ Yes ___ No

DEVELOPMENT

Do you have any concerns about your child's development? ___ Yes ___ No

___ Hearing ___ Vision ___ Language ___ Gross Motor ___ Fine Motor ___ Social ___ Sensory ___ Other

What is your child's primary spoken language? _____

Are there other languages being used with your child? _____

Is your child easily understood by others? _____

SOCIAL AND EMOTIONAL DEVELOPMENT

Is your child comfortable in group situations? ____ Yes ____ No

What is your child's regular routine at home?

Is there anything Politz should know about your child's play with other children or by themselves?

What kinds of activities does your child enjoy? Are there activities your child avoids?

What frightens your child? _____

What soothes your child? _____

Does your child have any favorite songs or games that comfort him/her? _____

What are your expectations or hopes for your child at our school?

What are your expectations for Politz Day School and its staff members?

Has your child been in child care before? ____ Yes ____ No

If yes, where? _____

Is there anything regarding your family, extended family or child that you would like to share with us? _____

Please complete the following checklist. Check all items that describe your child.

1. Eats and drinks independently
2. Dresses self except shoes
3. Independent with toileting needs
4. Verbally interacts with peers in a play setting

5. Speech is clear and understandable by unfamiliar adults
6. Responds to simple questions
7. Can follow simple directions
8. Speaks in sentences
9. Shows understanding of how things work by turning things off/on, activating a variety of toys, or directing adults to do so
10. Independently picks up small toys
11. Uses toys and objects appropriately
12. Uses imagination in play
13. Will share toys and cooperate in play
14. Takes turns with minimal assistance

EARLY CHILDHOOD PROGRAM AGE REQUIREMENTS

Two-Year Class: child must be two by October 1, 2017

Three-Year Class: child must be three by October 1, 2017

Pre-K: child must be four by October 1, 2017

PHOTOGRAPH RELEASE

A Student's name and photograph may be used by the School for use in publications, audio and/or video materials, and Web site(s), without compensation and without prior notice. By signing below, you release, and hold the School harmless from any liability stemming from the use of the Student's name or photograph(s).

Signature of Parent

Date

Signature of Parent

Date

Application is hereby made for admission to Politz Day School of Cherry Hill for the 2017 - 2018 academic year.

Please mail, fax, or email completed application to:

Politz Day School Admissions Office
720 Cooper Landing Road
Cherry Hill, NJ 08002
Email: rovizt@politz.org
Fax: 856.667.2010