



**TEMPLE RODEF SHALOM NURSERY SCHOOL/STEPPING STONES
2012 – 2013 APPLICATION FOR ADMISSION**

Child's Full Name _____ Gender _____

Name he/she prefers to be called _____ Home Phone _____

Address _____
(street) (city) (zip)

Date of Birth _____ Age on 9/30/12 _____

Parent's Name _____ Occupation _____
Address _____ Employed by _____
E-mail _____ Work Phone _____
Cell Phone _____

Parent's Name _____ Occupation _____
Address _____ Employed by _____
E-mail _____ Work Phone _____
Cell Phone _____

- Current student
- Sibling of current/former student _____ (Name)
- Parent attended TRS Nursery School
- Member of Temple Rodef Shalom Date of Membership _____
(PRIORITY REGISTRATION FOR TEMPLE MEMBERS ENDS JANUARY 4, 2012.)
- I would be interested in receiving temple membership information.

Limited scholarships are available for temple members. Requests must be submitted by January 3, 2012. Please contact the director at fpfeffer@templerodefshalom.org for more information.

REGISTRATION WILL BE CONSIDERED COMPLETE WHEN WE RECEIVE:

- this completed form (all three pages)
- a \$100 non-refundable application fee (fee increases to \$125 on February 1, 2012)
Checks should be made payable to: Temple Rodef Shalom Nursery School
2100 Westmoreland Street
Falls Church, VA 22043
- **FOR NEW STUDENTS ONLY:** Student's birth certificate required. Please hand deliver the application to the office and bring your child's official/original birth certificate and a copy of the birth certificate. We will note that we have seen the original birth certificate, return it to you and keep the copy for our files.

APPLICATION FEE _____
BIRTH CERTIFICATE _____
CONTRACT _____

FOR OFFICE USE ONLY

DATE OF ADMISSION: SEPTEMBER 10, 2012
DATE OF WITHDRAWAL _____

How did you learn about Temple Rodef Shalom Nursery School? _____

I have chosen this nursery school because _____

Has your child been in any other childcare or preschool before? Yes No

If yes, please list school/childcare and dates attended:

School/Childcare Center: _____ Dates attended: _____

School/Childcare Center: _____ Dates attended: _____

Is there any information you would like to share with us so that your child will find success in our program?

Does your child have difficulty in any of the areas listed below **AND/OR** has your child had an evaluation in any of these areas? (Evaluations and progress reports may be required before contract is issued.)

Speech/Language _____ Vision _____ Hearing _____ Motor Skills _____

Sensory Integration _____ Social Behavior/Play Skills _____

General Behavior _____ Cognitive Development _____ Other _____

Is your child undergoing any treatment or therapy to address these or other issues? Yes No

If yes, please list which issues are currently being treated:

Has your child been evaluated by Parent-Infant Education (PIE), Infant-Toddler Connection, Child Find or privately?

Yes No (If yes, report may be required before contract is issued.)

Does your child have any allergies that we should be aware of? Yes No

If yes, please list allergy and possible reactions:

Has your child been prescribed emergency antihistamines, epi-pen, or inhaler? Yes No

Please note, in order to keep emergency medications for your child at TRSNS, you and your doctor must fill out paper work PRIOR TO dropping off the medication. Paperwork must be on file before your child begins school. Forms are available on our website.

Your signature gives us permission to contact any of the schools or evaluators referenced above.

All of the information on this student's application is true and correct to the best of my knowledge.

Parent Signature _____ **Date** _____



TEMPLE RODEF SHALOM NURSERY SCHOOL

CHILD'S NAME: _____ **Date of Birth** _____

Please check the program for which you are applying. You will be notified if your first choice is not available.

**Stepping Stones (must be born between 10/1/10 and 12/31/10)
(Children are not expected to be toilet trained.)**

- 2 MORNINGS PER WEEK TUESDAY/THURSDAY 9:15 – 12:15

The program will provide a period of transition from a shorter day to the full three-hour session. A parent or consistent caregiver/nanny must attend with the child September through December.

**Options for two year olds (child must be 2 by 9/30/12)
(Children are not expected to be toilet trained.)**

- 2 MORNINGS PER WEEK TUESDAY/THURSDAY 9:15-12:15
 3 MORNINGS PER WEEK MONDAY/WEDNESDAY/FRIDAY 9:15-12:15
 5 MORNINGS PER WEEK MONDAY-FRIDAY 9:15-12:15

**Options for three year olds (child must be 3 by 9/30/12)
(Children are expected to be working on toilet training.)**

- 3 MORNINGS PER WEEK MONDAY/ WEDNESDAY/ FRIDAY 9:15-12:15
 4 MORNINGS PER WEEK TUESDAY-FRIDAY 9:15-12:15
 5 MORNINGS PER WEEK MONDAY-FRIDAY 9:15-12:15
 5 DAYS PER WEEK* MONDAY-FRIDAY 9:15-12:15/2:00 – Transitional Extended-Day*

*The extended-day program for our three-year-olds will be transitional. Children will begin the year staying until 12:15 pm three days/week (Mon/Wed/Fri) and until 2:00 pm two days/week (Tuesday and Thursday). Another extended-day (Monday) will be added after Thanksgiving. Beginning after winter break, the children will stay until 2:00 pm every day.

**Options for four/five year olds (child must be 4 by 9/30/12)
(Children must be toilet trained.)**

- 5 MORNINGS PER WEEK MONDAY-FRIDAY 9:15-12:15
 5 DAYS PER WEEK MONDAY-FRIDAY 9:15-2:00

Date _____ **Parent Signature** _____