



Yeshiva Ketana of Long Island

Application for Preschool Admission

Please attach a recent photo of applicant. (Mandatory)

Nursery _____ Kindergarten _____ Pre 1A _____

Please note: Our cutoff date is November 1st

Name of Student _____
Last First Hebrew: Last First

Address _____

City _____ State _____ Zip _____ Home Phone # _____

Date of Birth _____ Hebrew Birthday _____

Names of Parents _____
Father Mother Mother's Maiden Name

Father's Cell# _____ Mother's Cell# _____

Father's Email _____ Mother's Email _____

Father's Occupation _____ Name of Firm _____

Father's Educational Background: Yeshiva/College _____

Mother's Occupation _____ Name of Firm _____

Mother's Educational Background: High School/College _____

Previous Playgroup/School _____ Contact Name and Phone # _____
(if applicable)

Shul Affiliation _____ Rabbi _____

Other Children in the Family:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Paternal Grandparents _____
Name Address Phone

Maternal Grandparents _____
Name Address Phone

Is your child currently receiving any services? (i.e. PT, OT, SEIT, Speech, etc.) yes no

Signature of Father

Signature of Mother

Date