



2600 Netherland Ave., Riverdale, NY 10463 ♦ Phone: 718.548.0900 ♦ Fax: 718.548.0901

APPLICATION FOR ADMISSION

School Year: _____

Date: _____

Applying for Grade: _____

Child's Name: _____

Child's Hebrew Name: _____

Gender: Male Female

Date of Birth: _____ Place of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Child's School Experience (Your signature below gives us permission to contact your child's school.)

Name of School: _____ Telephone No.: _____ Grades: _____

Name of School: _____ Telephone No.: _____ Grades: _____

Name of School: _____ Telephone No.: _____ Grades: _____

Parent's Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Occupation: _____

Present Position: _____

Employer: _____

Employer's Address: _____

Parent's Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Occupation: _____

Present Position: _____

Employer: _____

Employer's Address: _____

Parents: Married Separated Single Parent Parent Deceased Parent Deceased

If Divorced or Widowed:

Parent Remarried Name of Stepparent _____

Parent Remarried Name of Stepparent _____

If parents are divorced, who has legal custody? _____

Child's Living Arrangement

Siblings

Name	Current Grade/Age	School

Who else lives in the home? _____

Is your child adopted? Yes No If yes, at what age was he/ she adopted? _____

Grandparents

Names: _____ Tel: _____

Address: _____ City, State, Zip Code: _____

Cell Phone: _____ E-mail: _____

Names: _____ Tel: _____

Address: _____ City, State, Zip Code: _____

Cell Phone: _____ E-mail: _____

Medical Emergency Information

Physician: _____ Phone: _____

Emergency Contacts:

Name _____ Phone: _____

Name _____ Phone: _____

OVERVIEW OF CHILD

Physical Development

Has he/she had any operations? Yes No If yes, for what reason? _____

Date(s) of operation(s): _____

Does he/she rest or nap in the afternoon when at home? _____

Are there special eating habits or patterns the school should be aware of? _____

Emotional Development

Is he/she happy in nature? Yes No

Does he/she cry easily? Yes No

Often? Yes No

Is he/she very timid or shy? Yes No

If yes, please describe: _____

Language Development

At what age did he/she begin to say words? _____ Sentences? _____

Second Language: _____

Does he/she have a speech impediment? Yes No Baby Talk? Yes No

If yes, describe: _____

Is he/she aware of new words and does the child ask their meaning? Yes No

Has he/she had any speech intervention? Yes No

What languages other than English are spoken in the home? _____

Outside Service Providers

Has your child worked with a:

Speech Pathologist Yes No

Occupational Therapist Yes No

Physical therapist Yes No

Psychologist Yes No

Please describe any situations in which you feel your child needs special help or additional assistance.

Please describe your child's general health. Include allergies, asthma, etc.

What aspects of his/her present school does your child enjoy most?

What aspects of his/her school does he/she find most difficult?

Who recommended Kinneret Day School to you and what factors led you to apply?

Have you applied to Kinneret Day School before? Yes No If yes, year _____

Please indicate the type of transportation required:

- Board of Education
- Private
- None

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

A non-refundable processing fee of \$100 must accompany this application. Payment can be made via:

- Zelle (sent to kinneretday@aol.com)
- [Paypal](#) (be sure to select the "Send" option)
- Check made out to *Kinneret Day School*

Please return the completed application using one of the following methods:

- Download the completed form and email it to: application@kinneretdayschool.org
- Print the completed form and mail to the address above