

Highest Level of Education: H/S BA Grad. Degree Other

Name of Mother _____

Occupation _____ Mother's Work Telephone (____) _____

Place of Birth _____ Religious Training _____

Highest Level of Education: H/S BA Grad. Degree Other

Are both parents working at this time? Yes No

In addition to our regular day (9:00 a.m. - 12:00 noon), do you think you would be interested in:

Kid's Club/Afternoon Enrichment Programs? 12:00 noon - 2:50 p.m.

Early Risers/Early Drop-off? 8:00 a.m. - 9:00 a.m.

II. Questionnaire

1) What are your hopes and expectations for your child at school? _____

2) (A) In what language does your child communicate with you and friends? _____

(B) What languages are spoken in the home? _____

3) Upon completion of the preschool program, we plan for our child/children to attend:

- Religious School
- Sinai Akiba Academy
- Other Jewish Day School
- Public/Private secular school

4) What are your reasons for applying to our school? _____

5) How did you hear about the Sinai Temple Preschool? _____

6) What organizations or committees have you participated in within your state, community or school?

7) Do you know any families who have attended or are attending the preschool? Yes No

Name(s): _____

**Please return this completed questionnaire with a *picture of your family*
and your
Non-refundable \$100.00 processing fee
payable to
Sinai Temple Preschool at the address below.**

This questionnaire represents part of the admission process and ***does not guarantee*** acceptance.

Signature of parent _____ Date _____

If you have questions or need further information, please contact:

Sinai Temple Preschool/ Douglas Family Early Childhood Center

10400 Wilshire Blvd.

Los Angeles, CA 90024

310.481.3270 • FAX 310.481.3386