



2015-2016 JUF Right Start
GIFT VOUCHER APPLICATION FORM

New Beginning 2015

To be eligible for the JUF Right Start voucher, your child must be:

1. The first child in the family to attend a Jewish early childhood program. Only one voucher per family may be redeemed.
2. Enrolled in a Jewish infant care, toddler care, or preschool program for the first time.
3. A member of a family where at least one parent identifies as Jewish.
4. Enrolled in a JUF Right Start affiliated program (see website for complete list).
5. Enrolled in a class where the child attends independently and meets at least 2 times per week.

Special Notes

*Children who have previously attended infant care, toddler care, or preschool with Jewish content do not qualify.

*Children attending parent/child classes do not qualify, but may apply for the voucher when they enroll in a class that meets independently.

*JUF Right Start applications are available from participating schools or online at www.juf.org/rightstart. Applications are due November 1st of the year the child is attending school. Applications for children who begin after November 1st will be accepted within 3 months of their enrollment.

Section I: School Information

Name of Jewish preschool program _____

Number of days your
child will be attending:

2 days

☐

3 Days

☐

4 Days

☐

5 Days

☐

Name of class child is enrolling in: (Infant, Toddler, 2-year-old, 3-year-old, 4-year-old, other _____)

Section II: Family Contact Information

Child's Name _____ M _____ F _____
First Middle Last

Child's Date of Birth _____ Home Phone _____

Home Address _____

Parent/Guardian #1:

Circle One: Dr. Mr. Mrs. Ms.

First Name _____

Last Name _____

E-Mail _____

City, State, Zip _____

Parent Contact # _____

Parent/Guardian #2:

Circle One: Dr. Mr. Mrs. Ms.

First Name _____

Last Name _____

E-Mail _____

City, State, Zip _____

Parent Contact # _____

Section III: Eligibility Information

1. Has your child previously attended preschool/daycare?

Yes ☐

No ☐

a. If yes, please name the school/early childhood program: _____

2. If you have other children, have they ever attended preschool/daycare?

Yes ☐

No ☐

a. If yes, please name the program: _____

Please list the names and ages of other children in your family. _____

Section IV: Involvement in Jewish Life

Are you currently a member of a synagogue? Yes ☐ No ☐

If yes, which one? _____

On a scale of 1 to 5, how connected do you feel to the Jewish community? Please circle:
Least connected 1 2 3 4 5 Most connected

Section V: Factors Influencing Your Decision to Send Your Child to a Jewish Preschool

How influential were the following factors in your decision to send your child to Jewish preschool?

	Very	Somewhat	Not at all
Wanted a Jewish preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of the JUF Right Start voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours of preschool operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to be with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program is a good fit for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please explain): _____

How did you hear about JUF Right Start? Please check all that apply:

Preschool director	<input type="checkbox"/>	NPN	<input type="checkbox"/>
Family/Friend	<input type="checkbox"/>	Chicago Parent	<input type="checkbox"/>
JUF Event	<input type="checkbox"/>	JUF News	<input type="checkbox"/>
JUF News	<input type="checkbox"/>	Red Tricycle	<input type="checkbox"/>

Other (please explain) _____

***As part of JUF Right Start, your child will also receive free books and music through PJ Library. If you do not wish to receive PJ Library books, please check the box below.**

I do not wish to receive free books through PJ Library ☐

I already receive PJ Library books ☐

I hereby attest that my child is the first in our family to attend a Jewish preschool/daycare.

Parent Signature _____

Date _____

**Applicant eligibility will be verified with preschool director prior to disbursement of funds.*

I am willing to participate in a follow-up survey at the end of the 2015 -2016 school year when the program is evaluated. Yes ☐ No ☐

Please submit your application to the preschool director or email/fax to RightStart@juf.org or 312-444-2086. All applicants to JUF Right Start will receive a confirmation from the Jewish United Fund/Jewish Federation of Metropolitan Chicago. For questions, please contact the JUF Right Start Coordinator at 312-357-4513 or RightStart@juf.org. Thank you!