



Application For Admission

Student Information

Date of Application: ____ / ____ / ____

Name: _____
Last First Middle Hebrew

Address: _____
Street Address City

Phone: (____) _____ - _____
State Zipcode

Date of Birth: _____ [Must be two years old as of October 1st of the current school year]

Previous day care or schooling experience

School or Day Care Center: _____
Month / Year - Month / Year

School or Day Care Center: _____
Month / Year - Month / Year

Student is applying for admission to:

- Full Day Preschool and Child Care
- Preschool Option

Please see the enrollment form to specify the details of the hours and program you are applying to.

Family Information

(First) Parent: _____

Home Address (If Different from Child's): _____

Occupation: _____ Business Phone: (____) _____ - _____

Business Address: _____

Cell Phone: (____) _____ - _____ e-mail: _____

(Second) Parent: _____

Home Address (If Different from Child's): _____

Occupation: _____ Business Phone: (____) _____ - _____

Business Address: _____

Cell Phone: (____) _____ - _____ e-mail: _____

Marital Status of Parents: Married Separated Divorced: how long _____

Stepfather: how long _____ Stepmother: How long _____

Family Synagogue Affiliation: _____ Rabbi: _____ Phone (____) _____ - _____

Languages spoken at home: _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Placement of child in the family: _____