



ADMISSION APPLICATION

Student Information

Full Name: _____ D.O.B.: _____
Last First M.I.

My Child prefers to be called: _____ Hebrew Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Current School / Childcare: _____ Phone: _____

School Year Applying for: _____

Family Information

Father's Name: _____ Hebrew Name: _____
Last First

Phone: _____ Email: _____

Address: _____ Occupation: _____
If different than above

Mother's Name: _____ Hebrew Name: _____
Last First

Phone: _____ Email: _____

Address: _____ Occupation: _____
If different than above

Parents are? Married Separated Divorced Any related pertinent info: _____

Siblings

Name: _____ D.O.B. _____ School: _____

Name: _____ D.O.B. _____ School: _____

Name: _____ D.O.B. _____ School: _____

Language other than English spoken at home: _____

Are both Parents Jewish: Yes No If no, explain: _____ Synagogue Affiliation: _____



ADMISSION APPLICATION (Cont.)

EMERGENCY CONTACT INFO:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

For 2 Year Olds:

I am interested in: Full - 5 days 3 days Days: _____

Additional Info:

I am interested in: Before care After care Hours: _____ Days: _____

Will your child be receiving any services? None SEIT Occupational Physical Speech

Does your child have any allergies? _____

Do you have any special concerns about your child? _____

Signature: _____ Date: _____

