



## ADMISSION APPLICATION

### Camper Information

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*Last First M.I.*

My Child prefers to be called: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Current School / Child care: \_\_\_\_\_

### Additional Info:

I am interested in:  Full - 5 days  3 days Days: \_\_\_\_\_

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? \_\_\_\_\_

### Camper Two Information

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*Last First M.I.*

My Child prefers to be called: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Current School / Child care: \_\_\_\_\_

### Camper Two Additional Info:

I am interested in:  Full - 5 days  3 days Days: \_\_\_\_\_

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? \_\_\_\_\_



## ADMISSION APPLICATION (Cont.)

### Family Information

Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
*If different than above*

Parents are?  Married  Separated  Divorced  Any related pertinent info: \_\_\_\_\_

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

Language other than English spoken at home: \_\_\_\_\_

### Siblings

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School: \_\_\_\_\_

### EMERGENCY CONTACT INFO:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

