

APPLICATION FOR ADMISSION 2018-2019

CHILD INFORMATION

Child's Name: Last:			First:			Hebrew Name:
Boy	Girl	Date of Birth	: (MO/DAY/YEAR) _	/_		Age as of 8/31/18
Home a	ddress	s of child:				
City			State	Zip	code _	
Langua	ge(s) s	spoken at hom	ıe:			by whom?
Has you	r child	had previous g	roup experience? Plea	ase li	st school	s and attach most recent report card:
Does yo	ur child	I know any othe	er children in this scho	ol? V	Vho?	
List food	allergi	es/medical con	ditions and their react	ions,	including	g necessary medication and treatment:
Does you		•	arly Intervention Servi			r CSE Services? Please attach IEP.
Do you h			ests? (language, teacl			
What do	you ho	ope to gain for	yourself or your child f	rom	our Educ	ational Program?
Please w	vrite a t	few words to de	escribe your child:			





PARENT/GUARDIAN INFORMATION

Parents are now:			
Married Separated Divorced	Single parent		
Stepfather how long: Stepmother ho	ow long:		
Is child adopted? Yes No			
At what age was s/he adopted? is the chi	ld aware of the adoption?		
Child lives with:			
Father/Guardian:	Mother/Guardian:		
Mr. Dr. Other	Mrs. Ms. Dr. Other		
Father's Name:	Mother's Name:		
Hebrew Name:	Hebrew Name:		
Home address:	Home address:		
Home telephone: ()	Home telephone: ()		
Cell phone: ()	Cell phone: ()		
Social Security #:	Social Security #:		
E-mail:	E-mail:		
Employer:	Employer:		
Position:	Position:		
Business telephone: ()	Business telephone: ()		
Please list any conversions in the family:			
Does either parent have any special resources or skills to	o offer our children or teachers?		
Would either parent like to volunteer in the classroom? V	Vhat times are you available?		
Would you be interested in working on a fundraising com Do you know of any businesses which would be willing to			