



## APPLICATION FOR ADMISSION

APPLYING FOR THE YEAR OF \_\_\_\_\_ GRADE \_\_\_\_\_

### STUDENT INFORMATION

Name of child: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

### HEALTH INFORMATION

Does your child have any allergies to a particular food or medicine?

\_\_\_\_\_

Has your child had any major illness or operation? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Does the child have any disabilities (physical, learning, emotional, nervous)?

\_\_\_\_\_

Additional information about the child. \_\_\_\_\_

\_\_\_\_\_

## PREVIOUS EDUCATION

Name of school: \_\_\_\_\_ Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Dates of attendance \_\_\_\_\_

Name of school: \_\_\_\_\_ Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Dates of attendance \_\_\_\_\_

## FAMILY INFORMATION

Father's Name: (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_ Age: \_\_\_\_\_

Father's Education:

High School: \_\_\_\_\_ College: \_\_\_\_\_

Jewish Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firms Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Name: (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Education:

High School: \_\_\_\_\_ College: \_\_\_\_\_

Jewish Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firm's Name: \_\_\_\_\_

Business address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name of Sister(s) \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name of Brother(s) \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

Languages used at home: \_\_\_\_\_

Synagogue and or Communal Organization Affiliations: \_\_\_\_\_

## FINANCIAL AGREEMENT

We (I) would like to enroll our child/children in the Shalom Early Childhood Center for the \_\_\_\_\_ school year.

We (I) agree to pay:

Tuition: \_\_\_\_\_

Building Fund: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

Please check off method of payment:

- ☐ Payment in full by August 1st.
- ☐ Semi-annually, 2 post-dated checks for August 1 & January 1.
- ☐ Ten monthly payments, 10 post-dated checks for August 1 to June 1.
- ☐ Credit Card payments may be charged on American Express, Visa, Master Card and Discover.

**CHECKS SHOULD BE MADE PAYABLE TO SHALOM EARLY CHILDHOOD CENTER.**

Note: A \$35 return check fee will be assessed for a bounced check.

We (I) agree to adhere to all the school's policies and regulations

I understand that there are no refunds or discounts for the days not attended due to illness, private vacations or child's inability to adjust, etc...

Mothers Signature: \_\_\_\_\_

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

Fathers Signature: \_\_\_\_\_

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

Our child has our permission to go on trips sponsored by the school. We (I) understand that they will travel by bus or car and be accompanied by teachers, school staff, parents or volunteers. We (I) release the Shalom Early Childhood Center from all liability during supervised activities.

In the event of emergency while our child is under the school's supervision, we (I) hereby give permission for the administration or person in charge to have our child taken to an emergency room or doctor's office for medical treatment.

We (I) agree to allow our child's pictures to be used in advertisements.

Mothers Signature: \_\_\_\_\_

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

Fathers Signature: \_\_\_\_\_

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

**Please submit the following information with this application.**

- **An original Birth Certificate.**
- **\$750.00 Registration Fee (Non Refundable)**
- **Completed and up to date Medical Forms must be in the school office by June.**

For office use only:

Date Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_