

APPLICATION 2019-2020

Date: _____

Applicant Information

Name of Child: _____

LAST / FIRST / MIDDLE / NICKNAME

Birthdate: _____ Age as of September 1, 2019 Yrs. ____ Mos. ____ ☐ Female ☐ Male

Child lives with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian ☐ Shared Custody

Check where applicable: Enrollment ☐ New Student Referred by: _____

Allergies/Medications: _____

Family Information

Parent/Guardian Name: _____ Home Address: _____ Mother Tongue: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____ Occupation/Title: _____ Name of Business: _____	Parent/Guardian Name: _____ Home Address: _____ Mother Tongue: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____ Occupation/Title: _____ Name of Business: _____
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Names, ages and schools of siblings: _____

Names of Child's Grandparents: Paternal: _____ Maternal: _____

Previous Group Experience Location Days per Week Dates of Attendance

Please check program desired:

- ☐ Core Hours S-Th 8:00-14:00 1750nis
 ☐ Core + Friday 8-12:00/12:30 1950nis
☐ Expanded Hours S-Th 7:30-16:00; F 7:30-12/12:30 2400nis
☐ Tzaharon S-Th 14:00-16:30 850nis

Note: Friday dismissal is at 12:00 throughout the winter months and 12:30 in Spring, Summer and early Fall.

Once this form is accepted, you will be required to submit a 500nis deposit, which will be applied toward the student's tuition.

I understand that the 500nis deposit is non-refundable and non-transferable and is due in full once application is accepted. I understand that photographs of my child taken during the program may be used for publicity purposes.

PARENT'S SIGNATURE

DATE

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