



Application

Child's Information

First Name:	
Last Name:	
Hebrew Name:	
Gender:	
Date of Birth:	
Grade Entering:	

Mother's Information

First Name:	
Last Name:	
Hebrew Name:	
Street Address	
City, ST, Zip Code:	
Home Phone:	
Cell Phone:	
Work Phone:	
Occupation:	
Work Address:	
E-Mail Address:	
Synagogue Affiliation:	
Marital Status	
If divorce where does the child reside?	

Father's Information

First Name:	
Last Name:	
Hebrew Name:	



Street Address:	
City, ST, ZIP Code:	
Home Phone:	
Cell Phone:	
Work Phone:	
Occupation:	
Work Address:	
E-Mail Address:	
Synagogue Affiliation:	
Marriage Status	

1. What are your child's greatest strengths—academically, socially, or personally?

Please share examples that help us understand what makes your child shine.

2. In what areas do you feel your child would benefit from additional support or growth, and how does your child typically respond to challenges?

Emergency Contact Information	
Name:	
Relationship to child:	
Cell Phone:	
Home Phone:	
Name:	
Relationship to child:	
Cell Phone:	
Home Phone:	
Out-of-State Contact	
Name:	



Relationship to child:	
Cell Phone:	
Home Phone:	
Physician's Information	
Physician Name:	
Address:	
Phone:	
Dentist Name:	
Address:	
Phone:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I agree to provide any other information relevant to the application of my child not stated on this application.

Father's Name & Signature:	Mother's Name & Signature:
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