

# CHAI TOTS

PRE-SCHOOL APPLICATION FORM

בס"ד

Please print clearly:

## Part I: Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any learning difficulties?  Yes  No

If yes, please describe: \_\_\_\_\_

## Part II: Parents' Information

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_\_) \_\_\_\_\_

Work phone (Father): (\_\_\_\_\_) \_\_\_\_\_ Cell (Father): (\_\_\_\_\_) \_\_\_\_\_

E-mail (Father): \_\_\_\_\_

Work phone (Mother): (\_\_\_\_\_) \_\_\_\_\_ Cell (Mother): (\_\_\_\_\_) \_\_\_\_\_

E-mail (Mother): \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

## Part III: Family

Brother \_\_\_\_\_ D.O.B \_\_\_\_\_ Sister \_\_\_\_\_ D.O.B \_\_\_\_\_

Brother \_\_\_\_\_ D.O.B \_\_\_\_\_ Sister \_\_\_\_\_ D.O.B \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

## Part IV: Hebrew Information

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Student's Hebrew Name: \_\_\_\_\_

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in the family?

Yes \_\_\_\_\_ No \_\_\_\_\_ .If yes, who? \_\_\_\_\_

If Yes, who performed the conversion? \_\_\_\_\_

## Part V: Emergency Numbers (other than your own)

Name: \_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## Part VI: Medical Information

Health insurance: \_\_\_\_\_

Is there any medical or other information (allergies, etc.) regarding your child that our school should be aware of? \_\_\_\_\_

Are there any specifics in your child's schedule that we might need to be aware of? \_\_\_\_\_

## Part VIII: Payment Information

### Please check your choice for method of payment:

Family Discount: 10% off each additional child.

Plan A: I am paying the entire amount now, which entitles me to a \$30 discount off regular tuition. Please charge my credit card,

Card number \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_ signature \_\_\_\_\_

Plan B: Please automatically charge my credit card at the beginning at each month

Card number \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_ signature \_\_\_\_\_

Plan C: I have enclosed 10 post dated checks for the beginning of each month, dated September through June. All checks must be submitted by the 1st day of School.

I am enclosing my registration fee as a deposit to secure a space for my child.

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