



Mailing Address: 100 Ames Street, Sharon, MA 02067
Admissions Office: (781) 784-8724, ext. 256 admissions@striarhebrew.org

PRESCHOOL APPLICATION FOR ADMISSION 2010-11

Child's Name (Last) (First) (Middle) (Hebrew)

Age (as of September 1, 2010) Date of Birth Hebrew DOB, if known

PROGRAM APPLYING FOR: (Please check one):

Toddler Program: 2 days (T/TH) OR 3 days (M/W/F) OR 5 days Pre-Kindergarten (5 days only)
Nursery 3 days (M/W/F) OR 5 days Kindergarten (5 days only)

A copy of your child's birth certificate and current medical records must be on file to complete your child's application.

Previous Schooling (list school and years attended)

- Please check the box if you require a Transfer of Records Form.
If your child has had an educational screening or early intervention services prior to this school year, attach a copy of the testing information, so that we can properly assess your child's needs. This information is kept strictly confidential.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian A Relationship to applicant
Home Address (if different from above)
Home Phone Cell Phone E-mail
Occupation/Employer
Parent/Guardian B Relationship to applicant
Home Address (if different from above)
Home Phone Cell Phone E-mail
Occupation/Employer
Synagogue/Rabbi affiliation
Is the child adopted? Name of Adoption Agency
Was mother born to a Jewish mother? Was father born to a Jewish mother?
Has mother/father/child been converted to Judaism? Name of Rabbi/Beit Din officiating at the conversion?
Parents are: Divorced Separated Widowed
Mother Remarried, to whom? Father Remarried, to whom?
Child lives with? Parent/Guardian A Parent/Guardian B Both Parent/Guardian A and B

ENCLOSED IS NON-REFUNDABLE REGISTRATION FEE OF \$350 (\$100 discount if registered by January 15, 2010).
I hereby certify that the information given on this form is complete and accurate.

(Date) (Signature of Parent or Guardian)

Tuition Assistance applications are available in the office and online and are due March 15, 2010. Tuition assistance is not available for Extra Programs. Please indicate if you will be applying for financial assistance (Y/N)

OFFICE USE ONLY:
Date Received: Amount Received: By Whom: