

Ateret Israel Preschool & Daycare Application 2016-2017

1749 S. La Cienega Blvd. Los Angeles, CA 90035
 Tel: 310-204-2626 Email: ateretisrael@yahoo.com Web: www.ateretisrael.com

Child Information

Child's Name		
Gender		
Date of Birth		
Entering Grade		
$\frac{3}{4}$ Day	Half Day	Full Day
Applicant lives with		
Language(s) spoken at home		

Mother Information

Mother's Name	
Street Address City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
Occupation	
E-Mail Address	

Father Information

Father's Name	
Street Address City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
Occupation	
E-Mail Address	

Emergency Contact Information

Name	
Relationship to child	
Cell Phone	
Home Phone	

Emergency Information

Physician Name:	Dentist Name:
Address:	Address:
Phone:	Phone:

Medical Information

Applicant Allergies:	
Applicant Medical Instructions/ Medications:	

Tuition

- ✓ I agree to follow all other rules set out in the Parent Handbook and other communication
- ✓ I agree to respond to all flyers sent home and attend lectures and classes
- ✓ I agree to provide the school with a copy of each child's immunization records
- ✓ I agree to pay all fees in accordance with the following terms:
 - Registration: \$400
 - Tuition: Full day \$900
 - Tuition: Half day \$600

Amount Agreed Upon (Monthly):	
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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 but not stated on this application. I agree to allow my child(ren) to go on Ateret Israel Preschool & Daycare arranged field trips throughout the school year.

Name (printed)	
Signature	
Date	