



Gan Aliya Application Form 2016-2017

Child's Name: Last _____ First _____ Middle _____

Exact Spelling of Child's Hebrew Name _____

D.O.B. ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Telephone ____ - ____ - ____ Father's Cell ____ - ____ - ____ Mother's Cell ____ - ____ - ____

Father's Title & First Name _____

Father's Occupation _____ Business Name _____

Email _____

Schools Attended _____

Name of college/universities attended/Degree(s) _____

Mother's Title & First Name _____ Maiden Name _____

Mother's Occupation _____ Business Name _____

Email _____

Schools Attended _____

Name of college/universities attended/Degree(s) _____

Two References on Family

Title _____ Name _____

Telephone ____ - ____ - ____ Email _____ Relationship _____

Title _____ Name _____

Telephone ____ - ____ - ____ Email _____ Relationship _____



Synagogue Affiliation _____ Rabbi _____ Tel ____ - ____ - ____

Synagogue Affiliation _____ Rabbi _____ Tel ____ - ____ - ____

Community organizations affiliations _____

Sibling Information (Name, Age, School) _____

Please indicate if your child is receiving therapy or has received therapy in the past. If yes, what? (OT, PT, Speech, Counseling, SEIT, etc.) _____

Does your child have any special circumstances (medical, allergies, etc.) of which we should be aware? _____

What are your views about screen time (media use) for your preschool age children? _____

How do you see Gan Aliya benefiting your child? _____

Please use these lines to tell us about your child. _____

What other preschools has your child attended? _____

Parent's Signature _____

Date ____ / ____ / ____