

APPLICATION FOR ADMISSION

Early Childhood Center

For office use only

Academic year _____

Date received _____



Affix photo of applicant

Child's age as of September of the year entering Pressman ECC: years _____ months _____

All applicants must provide a copy of the child's birth certificate, a current photo of the child, a current family photo (including parents, child, and siblings), and completed Temple Beth Am application. Your application will be considered incomplete and will not be processed until all the above items are received.

STUDENT INFORMATION

Last First Middle

Name student goes by _____ Hebrew name _____

M F Date of Birth ____ / ____ / ____ Country of Birth _____

Language(s) Spoken at Home _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian (circle one)	Parent/Guardian (circle one)
Name _____	Name _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Country of Birth _____	Country of Birth _____
Citizenship _____	Citizenship _____
Marital Status _____	Marital Status _____
Occupation _____	Occupation _____
Place of Employment _____	Place of Employment _____
Business Address _____	Business Address _____
Business Phone _____	Business Phone _____
Jewish Education _____	Jewish Education _____

Affix photo of applicant's family here

I WOULD LIKE MY CHILD TO ATTEND ONE OF THE FOLLOWING OPTIONS

Options for 2 year olds:

- 3 days a week (T, Th, F) 9 a.m. - 1 p.m.
- 3 days a week (T, Th, F) 9 a.m. - 3 p.m.
- 5 days a week 9 a.m. - 1 p.m.
- 5 days a week 9 a.m. - 3 p.m.

Options for 3 year olds:

- 5 days a week 9 a.m. - 1 p.m.
- 5 days a week 9 a.m. - 3 p.m.
- 5 days a week 9 a.m. - 3 p.m. with Hebrew Immersion

Four-year-olds attend 5 days a week, 9 a.m. - 3 p.m. with Hebrew Immersion.

SIBLING INFORMATION

Name	Date of Birth	Gender	Grade	School Attending

TEMPLE MEMBERSHIP

Temple Beth Am member Yes No Date of affiliation _____

Are you a member of any other synagogue? _____ Name of synagogue _____

HOW DID YOU HEAR ABOUT PRESSMAN ACADEMY?

TUITITON ASSISTANCE

The Rabbi Jacob Pressman Academy and Temple Beth Am are committed to providing a Jewish education. Limited tuition assistance is available for all students based on verified need. We encourage all families who need assistance to submit an application. The admission and tuition assistance procedures are independent processes, and families must reapply annually. Families applying for tuition assistance must complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment. Applicants may apply online beginning November 1st each year at www.factstuitionaid.com.

APPLICATION AGREEMENT

I/We understand that this application must include a non-refundable application fee of \$300. The information provided in this application is true and accurate to the best of my/our knowledge.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____