

Billy Dalwin Pre-School



of Temple Emunah
9 Piper Road
Lexington, MA 02421
(781) 861-0708

APPLICATION

(for children between the ages of 3 - 5 years)

Child's Name _____ Today's Date _____
Hebrew Name _____ Nickname _____ Gender _____
Date of Birth _____ Age as of 8/30/10: Years _____ Months _____
Address _____ Zip _____
Home Phone () _____ Alternate Phone () _____
Email Address _____

FAMILY DATA

Mother's Name _____ Occupation _____
Father's Name _____ Occupation _____
Guardian's Name (if different from parents) _____ Occupation _____
Home Address & Phone _____
Business Address _____ Phone _____

Child lives with: Mother _____ Father _____ Both Parents _____ Guardian _____
Siblings (names & ages) _____

Member of Temple Emunah? Yes _____ No _____
If not, please list synagogue affiliation if application _____
Any information that the school should know about your child _____

Child's Doctor _____ Phone _____
How would you be willing to volunteer: (i.e. cooking, carpentry, typing, shopping, special projects, fund-raising, etc.) _____

ENROLLMENT

9 a.m. to noon _____ 3 day program (M,W,F)
_____ 5 day program (Our classes for 4 year olds meets 5 days/wk)

"Extra hours" programming is available 8-9 a.m. daily & noon-3: 30 p.m., Monday-Thursday & contracts for this programming will be mailed in June.

*There is a non-refundable Pre-School Application Fee of \$25.00 for Temple Emunah members or \$50.00 for non-members. Please enclose check made payable to: Temple Emunah/Pre-School with this application form.