



REGISTRATION FORM

Please print all information legibly – 2011/2012 School Year
A copy of the birth certificate must be submitted for each **new** student.

Child's Name: _____ Hebrew Name: _____ DOB: _____
First Last

Class: _____ Days: _____ 9-1: _____ 9-3: _____ Pre-care: _____ After-care: 3pm-4pm _____ 3pm-5pm _____

Child's Name: _____ Hebrew Name: _____ DOB: _____

Class: _____ Days: _____ 9-1: _____ 9-3: _____ Pre-care: _____ After-care: 3pm-4pm _____ 3pm-5pm _____

Father's Name: _____ **Mother's Name:** _____
First Last First Last

Home Address: _____
Street City State Zip

Telephone: _____
Home Mother's Cell Father's Cell

Email Address: _____
Father Mother

Previous Programs Attended: _____ **Languages spoken at home:** _____

Siblings and Ages: _____

Is there any special situation or characteristic concerning your child that is important for the school to be aware of (intellectual, emotional, physical)? _____

Synagogue Affiliation

Name of synagogue: _____

Is/Are the child(ren)'s natural mother Jewish by birth? Yes No

Have there been any conversions or adoptions in your family? Yes No

Explain: _____

In order to better serve your child, it may be helpful for us to contact the school he/she previously attended. Please sign below giving permission for information to be shared.

Signed (Parent) _____ Date _____

I hereby enroll my child in The Maurice A. Halperin Torah Tots Early Childhood Center. I understand that the Enrollment Fee and Tuition Deposit are non-refundable. The Deposit and Place-Holder Fee are applied to the final tuition payment.

Signed (Parent) _____ Date _____