TEMPLE EMANU-EL NURSERY SCHOOL AND KINDERGARTEN
ONE EAST SIXTY-FIFTH STREET
NEW YORK, NEW YORK 10065
(212) 507-9531

APPLICATION

NAME OF CHILD _____   NAME USUALLY CALLED_____

M __or F__   DATE OF BIRTH _____

SCHOOL(S) PRESENTLY ATTENDING _____

APPLICANT'S PARENT   **APPLICANT'S PARENT**

_____   _____
  First   Last   First   Last

RELATIONSHIP TO APPLICANT _____   RELATIONSHIP TO APPLICANT _____

EMAIL ADDRESS_____   EMAIL ADDRESS_____

HOME ADDRESS _____ _____   HOME ADDRESS_____

APARTMENT #_____ ZIP_____   APARTMENT #_____ZIP_____

HOME PHONE_____   HOME PHONE _____

CELL PHONE_____   CELL PHONE_____

EMPLOYER _____   EMPLOYER _____

NATURE OF BUSINESS _____   NATURE OF BUSINESS _____

BUSINESS TELEPHONE _____   BUSINESS TELEPHONE _____

POSITION IN FIRM _____   POSITION IN FIRM _____

COLLEGE(S)   DEGREE & DATE   **COLLEGE(S)   DEGREE & DATE**

_____   _____

_____   _____

APPLICANT'S NATURAL PARENTS ARE:
☐ **Married**   ☐ **Separated**   ☐ **Divorced**   ☐ **Single Parent**   ☐ **Father Deceased**
☐ **Mother Deceased**   ☐ **Domestic Partners**

APPLICANT LIVES WITH

_____

IF A DUPLICATE MAILING IS NECESSARY FOR A SEPARATE HOUSEHOLD, PLEASE GIVE NAME AND ADDRESS:

_____

PLEASE LIST SIBLINGS:

_____
Name   Age   School

_____
Name   Age   School

PLEASE LIST ALL MEMBERS OF FAMILY WHO HAVE ATTENDED <u>TEMPLE EMANU-EL NURSERY SCHOOL</u>:

_____
Name   Date Attended   Relationship to Applicant

_____
Name   Date Attended   Relationship to Applicant

HOW OR FROM WHOM DID YOU LEARN ABOUT THE SCHOOL?

_____

PLEASE SHARE A BRIEF ANECDOTE THAT TELLS US SOMETHING ABOUT, OR WOULD HELP US TO BETTER UNDERSTAND, YOUR CHILD/FAMILY:

_____
_____
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_____

WHAT LANGUAGE OTHER THAN ENGLISH IS <u>REGULARLY</u> SPOKEN AT HOME? _____

ARE YOU A MEMBER OF CONGREGATION EMANU-EL AT THIS TIME? _____ YEAR_____

THIS APPLICATION MUST BE ACCOMPANIED BY A $75.00 NON-REFUNDABLE FEE PER CHILD IN U.S. DOLLARS, PAYABLE TO: <u>CONGREGATION EMANU-EL</u>

PLEASE INCLUDE ONE SMALL, RECENT PHOTO OF YOUR FAMILY WITH YOUR NAME PRINTED ON THE BACK.

TOURS ARE HELD AT 10:00 AM ON MONDAYS AND THURSDAYS. THERE ARE NO TOURS ON WEDNESDAYS AND FRIDAYS. IF YOU CANNOT ATTEND ON A PARTICULAR DAY OF THE WEEK, PLEASE LET US KNOW AND WE WILL TRY TO ACCOMMODATE YOUR REQUEST.

_____

Please check here if you will need financial aid_____

SIGNATURE _____ DATE _____

Please return this application and fee to the Nursery School by October 31.

THE SAMUEL J. AND ETHEL LEFRAK LEARNING CENTER