בס"ד

United Lubavitcher Yeshiva Ocean Parkway Preschool Application Form

Students Info:

Student's Legal Name _____ Home Address: _____

Hebrew Spelling of Name: _____ City: _____

Name child goes by: _____ State: _____

Hebrew Date of Birth: _____ Zip: _____

English Date of Birth: _____ Home Phone: _____

Please provide 2 family references:

Name: _____ Cell: _____

Name: _____ Cell: _____

Parents Info:

Mother's Name: _____ Father's Name: _____

Country of Birth _____ Country of Birth _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Maternal Grandparents Name _____ Paternal Grandparents Name _____

Grandparents Address _____ Grandparents Address _____

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Child's parents is/are:

☐ Married ☐ Separated ☐ Divorced ☐ Father deceased ☐ Mother deceased.

Shul affiliated with: _____

Does the child have any allergies? _____

Language(s) spoken at home: _____

Is your child fully immunized? _____

How did you hear about our preschool? _____

Program child is currently attending: _____

Contact person _____ Phone number: _____

Do you give us permission to contact them? Yes / No ☐ ☐

Siblings-grade(s) and school(s) attending:

Name	Grade	School

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Are there any physical disabilities or medical conditions that require accommodations or services?

Please Explain

_____

_____

_____

Has your child ever had a district or private evaluation?	☐ YES	☐ NO
Is your child currently receiving any district support services? (i.e.. Speech therapy, occupational therapy, physical therapy, counseling, SEIT)	☐ YES	☐ NO
If yes, please specify and list provider's name and contact information? _____ Do you give us permission to contact them? Yes ☐ No ☐		
☐ **I have included the most recent evaluations/IEP. (Required)**		

Please comment on your child's social and emotional development
(i.e. outgoing, shy, assertive, unusually active):

_____

_____

_____

Is there any additional information you would like to share with us to assist us in better understanding your child? (child development, family life etc.)

_____

_____

_____

Please email a family photo and a recent photograph of your child with your application

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Please Note:

Tuition is $8,500 a year.

Financial Aid:

Will you be applying for financial aid? Yes / No

(Acceptance will not be determined based on financial need)

Signature: _____

Date: _____