



LOUIS HERMAN EDUCATIONAL CENTER
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Admissions Application 2010-2011

Torah Tots/Pre-Kindergarten

A non-refundable application fee must accompany *each* student application.

STUDENT NAME: _____

I wish to register my child in the _____ 2-year old program _____ 3-year old program	
Choose one schedule below: <input type="checkbox"/> 2 days (Tu, Th) <input type="checkbox"/> 3 days (M, W, F) <input type="checkbox"/> 5 days (M-F)	Choose one time slot below: <input type="checkbox"/> Half Day (9:00 am- 1:00 pm) <input type="checkbox"/> School Day (8:00 am-4:00** pm) <input type="checkbox"/> Full Day (8:00 am- 6:00** pm)
<i>If you need a more varied schedule than those listed above (e.g. different hours on some days than others), we will try to work with you based on our available time slots. Please detail your needs on a separate sheet of paper and attach to this application</i>	

I wish to register my child in the _____ 4-year old program (Pre-Kindergarten)	
Child must be 4 years old by September 1, 2010.	
<input type="checkbox"/> 5 days (M-F) <input type="checkbox"/> 5 days (M-F) <input type="checkbox"/> 5 days (M-F)	Half Day 8:00 am- 1:00 pm School Day 8:00 am- 4:00** pm (or any part) Full Day 8:00 am- 6:00** pm (or any part)
Please note: **School ends early on Friday depending on Shabbos. See school calendar for times and dates.	

<p>Please attach your enrollment fee to this application.</p> <p>The non-refundable application fee per student of is \$300 for Torah Tots and Pre-Kindergarten.</p> <p>⇒ There is a \$150 discount for each application received by <u>February 26, 2010.</u></p> <p>Applications for new students will be processed on a first come, first served basis beginning 1/18/2010. You will be notified upon acceptance to the program.</p>

Early childhood questions? Contact Karen Burton, Director Torah Tots	952-285-8647
Education questions? Contact Rabbi S. Binyomin Ginsberg, Dean	952-285-8607
Financial questions? Contact Rabbi Joel Waxman, Comptroller	952-285-8612

Admissions Application

Please print

___ 2-year old program ___ 3-year old program ___ 4-year old program (Pre-K) School Year _____

Applicant's Name _____ Gender ___ Male ___ Female

Name your child would like to be called (nickname) _____

Date of Birth _____ Place of Birth _____

Hebrew Name _____ Hebrew Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

Present School _____

Address _____

City _____ State _____ Zip _____ Phone _____

Father's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Cell/Pager _____

Occupation and Position _____ Does your company match donations? ___

Business Address _____

City _____ State _____ Zip _____ Phone _____

Mother's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Cell/Pager _____

Occupation and Position _____ Does your company match donations? ___

Business Address _____

City _____ State _____ Zip _____ Phone _____

Paternal Grandparents' Names _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Maternal Grandparents' Names _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Home Information

Synagogue Affiliation _____

Synagogue Address _____

Name of Rabbi _____

If student or mother was not born Jewish, conversion was performed by:

Address _____ City _____ State _____ Zip _____

PARENT PROFILE

Marital Status of Parents: Married Separated Divorced Widow(er) Single

Applicant lives with _____

Address _____ City _____ State _____ Zip _____

Public School District in which you reside _____

Name of public school that student would have attended _____

Father

Schooling: High School _____

College and Degree _____

Special Interests _____

Special Skills _____

Other Business/Social/Professional Organizations Affiliations _____

Availability to volunteer at school _____

Mother

Schooling: High School _____

College and Degree _____

Special Interests _____

Special Skills _____

Other Business/Social/Professional Organizations Affiliations _____

Availability to volunteer at school _____

Personal Information

Student's First & Last Name _____

List areas of special talent or interest: _____

List any extra curricular activities _____

Has the applicant ever had an educational, neurological or psychological evaluation? _____

When? _____

Where is the information available? _____

Describe any illness, disease or physical disabilities that would have affected or may affect the applicant's general health, school work or participation in the school's physical education program. _____

Other children in family 8 th grade & younger	Birth date	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date

Signature of parent/guardian

=====
For office use:
Date received _____ *Fee Paid* _____ *Check Number* _____ *Date of Check* _____
\$150 discount _____ *Current school* _____
Entered into SDP _____ *Family ID* _____ *Student ID* _____ *Acceptance letter sent* _____