

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

<p>_____ First Last</p> <p>RELATIONSHIP TO APPLICANT _____</p> <p>EMAIL ADDRESS _____</p> <p>HOME ADDRESS _____</p> <p>APARTMENT # _____ ZIP _____</p> <p>HOME PHONE _____</p> <p>CELL PHONE _____</p> <p>EMPLOYER _____</p> <p>NATURE OF BUSINESS _____</p> <p>BUSINESS TELEPHONE _____</p> <p>POSITION IN FIRM _____</p> <p>COLLEGE(S) DEGREE & DATE</p> <p>_____</p> <p>_____</p>	<p>_____ First Last</p> <p>RELATIONSHIP TO APPLICANT _____</p> <p>EMAIL ADDRESS _____</p> <p>HOME ADDRESS _____</p> <p>APARTMENT # _____ ZIP _____</p> <p>HOME PHONE _____</p> <p>CELL PHONE _____</p> <p>EMPLOYER _____</p> <p>NATURE OF BUSINESS _____</p> <p>BUSINESS TELEPHONE _____</p> <p>POSITION IN FIRM _____</p> <p>COLLEGE(S) DEGREE & DATE</p> <p>_____</p> <p>_____</p>
--	--

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:

WHAT LANGUAGE OTHER THAN ENGLISH IS REGULARLY 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: CONGREGATION EMANU-EL

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

TOURS ARE HELD AT 10:00 AM. 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, fee, and photo to the Nursery School by October 31.

THE SAMUEL J. AND ETHEL LEFRAK LEARNING CENTER