**TEMPLE EMANU-EL NURSERY SCHOOL AND KINDERGARTEN**

ONE EAST SIXTY-FIFTH STREET NEW YORK, NEW YORK 10065 (212) 507-9531

**APPLICATION**

**NAME OF CHILD**

**M or F ? DATE OF BIRTH**

**SCHOOL(S) PRESENTLY ATTENDING**

**CANDIDATE’S PARENT CANDIDATE’S PARENT**

First Middle Last First Middle Last

**RELATIONSHIP TO CANDIDATE** \_ **RELATIONSHIP TO CANDIDATE**

**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**

**CANDIDATE’S NATURAL PARENTS ARE:**

☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Single Parent** ☐ **Father Deceased**

☐ **Mother Deceased** ☐ **Domestic Partners**

**CANDIDATE 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 TEMPLE EMANU-EL NURSERY SCHOOL:**

Name Date Attended Relationship to Candidate

Name Date Attended Relationship to Candidate

**Please feel free to answer any/all of the following questions. You can attach an additional sheet if necessary.**

**HOW OR FROM WHOM DID YOU LEARN ABOUT THE SCHOOL?**

**WHAT WORDS WOULD BEST DESCRIBE YOUR CHILD?**

**WHAT IS YOUR FAVOIRTE TIME OF DAY TO SPEND WITH YOUR CHILD AND WHY?**

**WHAT DO YOU FIND TO BE THE MOST ENJOYABLE AREAS OF PARENTING? MOST**

**STRESSFUL?**

**PLEASE SHARE A BRIEF ANECDOTE THAT TELLS US SOMETHING ABOUT YOUR FAMILY.**

**IS THERE SOMETHING THAT YOU WOULD LIKE TO SHARE THAT WOULD HELP US BETTER UNDERSTAND YOUR CHILD/FAMILY.**

**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 ON MONDAYS, TUESDAYS, 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 September 30, 2016.**

**THE SAMUEL J. AND ETHEL LEFRAK LEARNING CENTER**