

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

First	Middle	Last
RELATIONSHIP TO CANDIDATE _____		
EMAIL ADDRESS _____		
HOME ADDRESS _____		
APARTMENT # _____		ZIP _____
HOME PHONE _____		
CELL PHONE _____		
EMPLOYER _____		
NATURE OF BUSINESS _____		
BUSINESS TELEPHONE _____		
POSITION IN FIRM _____		
COLLEGE(S)	DEGREE & DATE	

CANDIDATE'S PARENT

First	Middle	Last
RELATIONSHIP TO CANDIDATE _____		
EMAIL ADDRESS _____		
HOME ADDRESS _____		
APARTMENT # _____		ZIP _____
HOME PHONE _____		
CELL PHONE _____		
EMPLOYER _____		
NATURE OF BUSINESS _____		
BUSINESS TELEPHONE _____		
POSITION IN FIRM _____		
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 FAVORITE 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