



Application for Fall 2010

Today's Date \_\_\_\_\_

## Pre-School Application

Name of Child \_\_\_\_\_ M  F   
*Last First*

Child's Birthday Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name of Parents \_\_\_\_\_  
*Father Mother*

Cell Phone \_\_\_\_\_  
*Father Mother*

Email Address: \_\_\_\_\_

What was religion of mother at time of child's birth? \_\_\_\_\_

Are you a member of a synagogue? Yes  No  Synagogue affiliation \_\_\_\_\_

Marital Status: Married  Single  Separated  Divorced  Widowed

Referred by \_\_\_\_\_

Previous schooling or group socialization experiences (i.e. gym, dance, Mommy & Me) Yes  No

Name of school \_\_\_\_\_ City \_\_\_\_\_

Name of school \_\_\_\_\_ City \_\_\_\_\_

Child's Siblings	Birthdate	Check if currently attending our:		
		Pre-school	Akiba	Religious School
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Father \_\_\_\_\_

Occupation \_\_\_\_\_ Father's Work Telephone (\_\_\_\_) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religious Training \_\_\_\_\_

Highest Level of Education: H/S  BA  Grad. Degree  Other

Name of Mother \_\_\_\_\_  
Occupation \_\_\_\_\_ Mother 's Work Telephone ( ) \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Religious Training \_\_\_\_\_  
Highest Level of Education: H/S  BA  Grad. Degree  Other

Are both parents working at this time? Yes  No

In addition to our regular day (9:00 a.m. - 12:00 noon), do you think you would in interested in:

Afternoon Enrichment Programs? 12:00 noon - 2:50 p.m.   
Early Drop-off? 8:00 a.m. - 9: 00 a.m.

## II. Questionnaire

1) What are your hopes and expectations for your child at school? \_\_\_\_\_  
\_\_\_\_\_

2) (A) In what language does your child communicate with you and friends? \_\_\_\_\_

(B) What languages are spoken in the home? \_\_\_\_\_

3) Upon completion of the Pre-School program, we plan for our child/children to attend:

- Religious School
- Sinai Akiba Academy
- Other Jewish Day School
- Public/Private school with no religious school

4) What are your reasons for applying to our school? \_\_\_\_\_  
\_\_\_\_\_

5) How did you hear about the Douglas Family Early Childhood Center? \_\_\_\_\_  
\_\_\_\_\_

6) What organizations or committees have you participated in within your state, community or school? \_\_\_\_\_  
\_\_\_\_\_

7) Do you know any families who have attended or are attending the Preschool? Yes  No

Name(s): \_\_\_\_\_  
\_\_\_\_\_

**Please return this completed questionnaire with your  
Non-refundable \$100.00 processing fee payable to  
Douglas Family Early Childhood Center at the address below.**

This questionnaire represents part of the admission process and **does not guarantee** acceptance.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

If you have questions or need further information, please contact:

**Douglas Family Early Childhood Center**  
10400 Wilshire Blvd.  
Los Angeles, CA 90024  
**310.481.3270 • FAX 310.481.3386**