



2017/2018 Application

I am applying to register my son/daughter _____, D.O.B. _____, for admission to Gan Aliyah Preschool, beginning September 2017.

Toddler Class: 3 days____ Tues/Thurs/Fri
Toddler Class: 2 days____ Mon/Wed (*POSSIBILITY*, once the three day class is filled)

Preschool Class (3 year olds): 5 days _____

PreK Class (4s and 5s): 5 days _____

A non-refundable \$500 deposit must accompany this application. Please make checks payable to **‘Temple Aliyah’** and return to: **Gan Aliyah Preschool, Temple Aliyah, 1664 Central Avenue, Needham, MA 02492.**

Parent 1 Signature _____
Date

Parent 2 Signature _____
Date

Print - Parent 1 Name _____
Print - Parent 2 Name

Parent 1 Address _____
Parent 2 Address

Parent 1 Address _____
Parent 2 Address

Primary Phone _____ **Primary Phone** _____

Email _____ **Email** _____

- Please check one or more of the following:**
- We are members of Temple Aliyah.
 - The child’s grandparents are members of Temple Aliyah.
 - We are members of another synagogue: _____
 - We are not currently affiliated with a synagogue.

For Office use only: Check # _____ Date Received _____ Amount _____

