GAN YELADIM APPLICATION

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_

When would you like to enroll your child? \_\_\_\_\_\_\_\_\_\_

(Gan Yeladim enrolls children twice per year- Mid June and the beginning of September- unless there is an unexpected opening during the school year)

Would you like to enroll your child: Full time (5 days M-F) \_\_\_\_\_ Part time (3 days M/W/F) \_\_\_\_Part time (2 days T/Th) \_\_\_\_

School day (9-4) \_\_\_\_ Extended day (7:30-5:30) \_\_\_\_\_

Half day (9-12:30) \_\_\_\_

Parent 1 name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_ Employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 name \_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_ Employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us a little bit about your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this application to:

 Andrea@ganyeladimvt.com

or Gan Yeladim 57 S. Williams St. Burlington, Vt. 05401 ATTN: Director