

# Ateret Israel Preschool & Daycare Application 2018-2019

1749 S. La Cienega Blvd. Los Angeles, CA 90035  
 Tel: 310-204-2626 Email: [ateretisrael@yahoo.com](mailto:ateretisrael@yahoo.com) Web: [www.ateretisrael.com](http://www.ateretisrael.com)

## Child Information

Child's Name		
Gender		
Date of Birth		
Entering Grade		
Half/Full Day	Half Day (8:30-12:30)	Full Day (8:30-3:30)
Applicant lives with		
Language(s) spoken at home		

## Mother Information

Mother's Name	
Street Address City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
Occupation	
E-Mail Address	

## Father Information

Father's Name	
Street Address City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
Occupation	
E-Mail Address	

## Emergency Contact Information

Name	
Relationship to child	
Cell Phone	
Home Phone	

## Emergency Information

Physician Name:	Dentist Name:
Address:	Address:
Phone:	Phone:

## Medical Information

Applicant Allergies:	
Applicant Medical Instructions/ Medications:	

## Tuition

- ✓ I agree to follow all other rules set out in the Parent Handbook and other communication
- ✓ I agree to respond to all flyers sent home and attend lectures and classes
- ✓ I agree to provide the school with a copy of each child's immunization records
- ✓ I agree to pay all fees in accordance with the following terms:
  - Registration: \$400
  - Lunch Fee: \$700 (Monday-Thursdays -3 days hot lunch + 1 day sandwiches)
  - Tuition: Full day (8:30-3:30) \$900
  - Tuition: Half day (8:30-12:30) \$600

Amount Agreed Upon (Monthly):	
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## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I agree to provide any other information relevant to the application of my child but not stated on this application. I agree to allow my child(ren) to go on Ateret Israel Preschool & Daycare arranged field trips throughout the school year.

Name (printed)	
Signature	
Date	