

INFANT CARE APPLICATION



Thank you for submitting an application to Gross Schechter Day School. Please include a non-refundable Application Fee of \$75 made payable to Gross Schechter Day School with this application.

STUDENT INFORMATION

Name of Applicant _____
first middle last

Desired date to start care (month /year) _____ Place of Birth _____ M F

Nickname _____ Hebrew Name _____ Address _____
street

Date of Birth _____
month / day / year city _____ state _____ zip _____

Religion Jewish: by birth by conversion / Other Telephone (_____) _____

FAMILY INFORMATION

Parent / Guardian A

Mr. Mrs. Ms. Dr. Rabbi Cantor

first name last name

Relationship to Student _____

Address _____
street

city state zip

Telephone (_____) _____

Cell Phone (_____) _____

Email Address _____

Employer _____

Position / Title _____

Business Address _____
street

city state zip

Business Phone (_____) _____

Religion Jewish: by birth by conversion / Other

The above parents/guardians are Married Single Separated Divorced

Child lives with: Both parents Parent / Guardian A Parent / Guardian B Other

Parent / Guardian B

Mr. Mrs. Ms. Dr. Rabbi Cantor

first name last name

Relationship to Student _____

Address _____
street

city state zip

Telephone (_____) _____

Cell Phone (_____) _____

Email Address _____

Employer _____

Position / Title _____

Business Address _____
street

city state zip

Business Phone (_____) _____

Religion Jewish: by birth by conversion / Other

(OVER)

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FAMILY INFORMATION (CONT.)

Language(s) spoken at home: Primary _____ Other _____

Are you members of a synagogue or affiliate group? Yes No If yes, which one? _____

Applicant's Sibling Information

Name _____ Age _____ Date of Birth ____/____/____ School _____ Grade _____

Name _____ Age _____ Date of Birth ____/____/____ School _____ Grade _____

Name _____ Age _____ Date of Birth ____/____/____ School _____ Grade _____

PREFERRED SCHEDULE

Please indicate your desired scheduled:

Mondays: Arrival Time: _____ Departure Time: _____

Tuesdays: Arrival Time: _____ Departure Time: _____

Wednesdays: Arrival Time: _____ Departure Time: _____

Thursdays: Arrival Time: _____ Departure Time: _____

Fridays: Arrival Time: _____ Departure Time: _____

In order to ensure the success of each student, we request that you inform us of any issues regarding your child that may require special accommodation by the school.

I/We certify that the information provided on this application is true and complete.

Signature of Parent/Guardian A _____ Date _____

Signature of Parent/Guardian B _____ Date _____

Gross Schechter Day School admits students of any race, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, nationality or ethnic origin in administration of its educational policies, admission policies, tuition assistance policies or other school administered programs.