



Chabad Early Learning Center

*Learning through
Experimentation, Experience, & Sensory Exploration*

Application

Name of Child: _____ Hebrew Name: _____
Last First

Nickname: _____ Date of Birth: _____
(MO/DAY/YEAR)

Mother/Guardian: _____ Occupation: _____

Hebrew Name: _____ Home Phone: _____

Work Phone: _____

Address: _____

Father/Guardian: _____ Occupation: _____

Hebrew Name: _____ Home Phone: _____

Work Phone: _____

Address: _____

Marital Status of Parents: Married Single Divorced/Separated

Stepfather how long: _____ Stepmother how long: _____

If child is adopted, what age was he/she adopted? _____

Is the child aware of the adoption? _____

Please list any conversions in the family: _____

Please list any requests (language, teachers, friends): _____

Indicate child's particular strengths and/or deficiencies: _____

For Office Use Only:	
___ Deposit	\$ _____ Amount
Method of Payment	
___ 10 Postdated Checks	
___ 50% Before 8/1; 50% Before 1/1	
Credit Card Payment: _____	
Security Code: _____	
Card #: _____	Exp. _____