

**RAE & JOSEPH GANN  
BETH EL PRESCHOOL  
APPLICATION**

Child's Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_ Maiden: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Business Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Address: \_\_\_\_\_

Family E mail address \_\_\_\_\_

Siblings:	Name	Sex	Date of Birth	Grade & School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you affiliated with a synagogue? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Program Desired:

- ( ) Toddler Class                      ( ) Three Year Old Class                      ( ) Four Year Old Class  
21 months by 08/31/10                      2.9 years by 08/31/10                      3.9 years by 08/31/10

Lunch Bunch ( 12 - 1 PM, Monday - Thursday )  
MON \_\_\_\_\_ TUES \_\_\_\_\_ WEDS \_\_\_\_\_ THURS \_\_\_\_\_

Extended Day ( 12 - 3 PM, Monday - Thursday )  
MON \_\_\_\_\_ TUES \_\_\_\_\_ WEDS \_\_\_\_\_ THURS \_\_\_\_\_

**FOR TODDLERS ONLY: PLEASE INDICATE ( )2 DAYS ( )3 DAYS ( )5 DAYS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT'S SIGNATURE**

Return Application and **\$350.00 NON-REFUNDABLE** deposit to:

Rae & Joseph Gann Beth El Preschool

561 Ward Street, Newton, MA 02459

(617) 965-2548

e mail: bethelpreschool@yahoo.com