



TORAH DAY SCHOOL OF HOUSTON EARLY CHILDHOOD CENTER

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

Application for Enrollment

Date of Application ____/____/____ Tiny Tots I (18 mo) Tiny Tots II (2 yr) Nursery I (3 yr) Nursery II (4 yr)

CHECK ONE DISMISSAL OPTION: 8:45-12:15 (Tiny Tots only) 8:45-2:15 8:45-3:40 (NI & NII only)

Male Female Birth Date ____/____/____ Hebrew Birthday ____/____/____

Last Name _____ First _____ M. _____ Hebrew Name _____

C SSN # _____ Place of Birth _____ Home Language _____

Student lives with: Both Parents Mother Father Guardian _____

H Address _____ City _____ ST _____ Zip _____

Home Phone ____/____-____ Family email _____

I Is natural mother of child Jewish? Yes No
L Are there any conversions or adoptions in the family? Yes No explain: _____

D	Siblings:	Name	Age	School attending	Grade

Name/location of previous Preschool/Daycare _____

Name/location of previous Preschool/Daycare _____

<p>Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.</p> <p>M Last Name _____ First _____</p> <p>O Maiden _____ Hebrew Name _____</p> <p>If different from student:</p> <p>T Address _____</p> <p>H City _____ ST _____ Zip _____</p> <p>Phone: Home ____/____-____ Cell ____/____-____</p> <p>E Work ____/____-____ Email _____</p> <p>R Employer _____</p> <p>Occupation _____</p> <p>Family Synagogue Affiliation _____</p>	<p>Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi</p> <p>Last Name _____ First _____</p> <p>Hebrew Name _____</p> <p>If different from student:</p> <p>Address _____</p> <p>City _____ ST _____ Zip _____</p> <p>Phone: Home ____/____-____ Cell ____/____-____</p> <p>Work ____/____-____ Email _____</p> <p>Employer _____</p> <p>Occupation _____</p>	<p>F</p> <p>A</p> <p>T</p> <p>H</p> <p>E</p> <p>R</p>
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A NON-REFUNDABLE \$50 APPLICATION FEE MUST ACCOMPANY THIS FORM. THIS FEE CAN BE APPLIED TO THE REGISTRATION FEE UPON ACCEPTANCE.