



TORAH DAY SCHOOL OF HOUSTON

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

Application for Enrollment

Date of Application ____/____/____ Age as of September 1, ____ Grade as of June ____

ECC: CHECK ONE OPTION 8:45-12:00 (EC1 and 2 only) 8:45-2:15 (EC1- K) 8:45-3:40 (EC3-K with aftercare)

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

Last Name _____ First _____ M. ____ Hebrew Name _____

SSN # _____ Place of Birth _____ Home Language _____

C

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

Are there any conversions or adoptions in the family? Yes No explain: _____

L

Are there any health or behavioral health diagnosis the school should be aware of: _____

D

<u>Siblings:</u>	<u>Name</u>	<u>Age</u>	<u>School attending</u>	<u>Grade</u>

Name/location of previous Preschool/Daycare _____

Name/location of previous Preschool/Daycare _____

Title: Mrs. Ms. Dr.

Title: Mr. Dr. Rabbi

M

Last Name _____ First _____

Last Name _____ First _____

F

O

Maiden _____ Hebrew Name _____

Hebrew Name _____

A

T

Address _____

Address _____

H

City _____ ST ____ Zip _____

City _____ ST ____ Zip _____

T

Phone:

Phone:

E

Home ____/____-____ Cell ____/____-____

Home ____/____-____ Cell ____/____-____

H

R

Work ____/____-____ Email _____

Work ____/____-____ Email _____

E

Employer _____

Employer _____

R

Occupation _____

Occupation _____

Family Synagogue Affiliation _____

A NON-REFUNDABLE \$60 APPLICATION FEE MUST ACCOMPANY THIS FORM . THIS FEE CAN BE APPLIED TO THE REGISTRATION FEE UPON ACCEPTANCE.