

Temple Israel Tots/Toddlers
112 East 75th Street
New York, NY 10021
(212) 249-5001

APPLICATION FOR ADMISSION TO TEMPLE ISRAEL TOTS/TODDLERS
FOR ACADEMIC YEAR 2010-2011

If interested Please return this application immediately

Date _____

Child's Name _____ Male ____ Female ____

Child's Birthdate _____

Home Address: _____

Home Telephone _____

First Parent's Name _____

Office Telephone _____ Cell Phone _____ Email _____

Second Parent's Name _____

Office Telephone _____ Cell Phone _____ Email _____

Name and Age of Siblings _____

School(s) Attended by Siblings _____

Pediatrician _____ Telephone _____

Emergency Contact Name and Telephone _____

Please indicate any important medical information about your child, including allergies (Use a separate sheet if necessary)

Are you a member of Temple Israel? _____ Year joined _____

Are you a member of any other Temple? _____

How did you hear of the Temple Israel Tots/Toddlers program? _____

PLEASE NOTE: Enrollment is completed on a first come/ first served basis. Participants in the Temple Tots/Toddlers are not guaranteed admission to the Temple Israel Early Childhood Learning Center or the Temple Playgroup.