



**SYRACUSE HEBREW DAY SCHOOL  
APPLICATION FOR KINDERGARTEN**

Child's Name: \_\_\_\_\_  
Last First Middle

Hebrew Names: Child \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (PLEASE ATTACH COPY OF BIRTH CERTIFICATE)

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Father's Cell Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Level of Jewish Education: F (father) M (mother) Mark F or M:  
Day School \_\_\_\_\_ Afternoon School \_\_\_\_\_  
Hebrew High \_\_\_\_\_ Conversion Class \_\_\_\_\_ Other \_\_\_\_\_

Siblings: (names and ages) \_\_\_\_\_

Congregational Affiliation (if any): \_\_\_\_\_

\_\_\_\_\_ I would like to apply for tuition reduction. Please send me the appropriate forms which must be submitted by April 16<sup>th</sup> in order to receive consideration.

I agree that I shall not be entitled to any deduction, credit or refund of tuition by reason of the withdrawal, absence or dismissal of my child unless agreed to by the Day School on or before March 1<sup>st</sup>.

ENCLOSED IS A NON-REFUNDABLE DEPOSIT OF \$500 TO BE CREDITED TOWARD TUITION.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature