

Gan Israel Preschool

3939 Prince William Drive
Fairfax, VA 22031
703-426-1980

GanIsraelPreschool@gmail.com

STUDENT APPLICATION

**A \$50 application fee should accompany this application. The application fee is non-refundable, but is applicable to tuition.
Please call the office for current tuition rates.**

Please list the month and year your child will enter preschool _____

STUDENT INFORMATION:

Last name	First name/ nickname	MI	Hebrew name
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DOB	Sex
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Please list sibling(s) and age(s)- if none, please write *none* on the line above

Please list student interests

Please list fears or concerns of student- if none, please write *none* on the line above

Please share any other important information about your child

PLEASE COMPLETE PARENT INFORMATION ON BACK OF THIS SHEET

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PARENT INFORMATION FOR STUDENT APPLICATION (Please complete student info on other side of this sheet)

Name of person completing application/ date: _____

	Mother	Father
Name		
Home address		
Home telephone		
Home e-mail		
Cell phone		
Occupation		
Employer		
Employer address		
Employer telephone		
Parents marital status:		
Child's legal custody:		