



3800 Glenbrook Road, Fairfax, Virginia 22031

APPLICATION FOR ADMISSION 2009-2010 SCHOOL YEAR

Child's full name _____ Sex _____

Name he/she prefers to be called _____ Date of Birth _____

Home Address _____
Street City Zip

Home Phone _____ Email _____

PARENT INFORMATION

Mother's Name _____ Father's Name _____
Occupation _____ Occupation _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

May we include your cell phone in the directory? Yes No

If so, which one? Mother Father Both

REGISTRATION WILL BE CONSIDERED COMPLETE WHEN WE RECEIVE:

- This completed form
- \$50 non-refundable application fee (\$75 after February 1, 2009). One fee per family.
Check should be made to Olam Tikvah Preschool
- Applications should be mailed to: Olam Tikvah Preschool
c/o Ronnie Tepp
9752 Firth Court
Vienna, VA 22181

Parent Signature _____ Date _____

Member of Congregation Olam Tikvah? Yes No
Sibling of a current student? Yes No
Sibling of a former student? Yes No

Siblings: Name _____
Date of Birth _____

Siblings: Name _____
Date of Birth _____

Siblings: Name _____
Date of Birth _____

Siblings: Name _____
Date of Birth _____

