



3800 Glenbrook Road, Fairfax, Virginia 22031

APPLICATION FOR ADMISSION 2010-2011 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 numbers in the directory? Yes No

Would you be interested in your child participating in our after-care program until 3 pm? Yes No

If so, which days? Monday Tuesday Wednesday Thursday Friday

**This is for informational purposes and does not obligate you to participate in the program.*

REGISTRATION WILL BE CONSIDERED COMPLETE WHEN WE RECEIVE:

- This completed form
- \$50 non-refundable application fee (\$75 after February 1, 2010). 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 <input type="checkbox"/>	No <input type="checkbox"/>
Sibling of a current student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sibling of a former student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Siblings: Name _____
Date of Birth _____

Siblings: Name _____
Date of Birth _____

Siblings: Name _____
Date of Birth _____

Siblings: Name _____
Date of Birth _____

