

## **Gan Yeladim Early Learning Center**



## INITIAL APPLICATION FORM

Parent's Names		
Name of child		Date of birth:
Address		
City	Zip Code	Best phone
Email address		
Desired Start Date:	Preferred Days:	
I am interested	l in enrolling my child	d in the following Gan Yeladim program:
	Full Day Pre	-School Program
	5-day progra	am = \$ 1245 per month
	4-day progra	am = \$ 1095 per month
	3-day progr	am = \$ 865 per month
	2-day progr	ram = \$ 645 per month
	*****	******
		gram (15+ months and walking)
	5-day prog	ram = \$ 1360 per month
	4-day progr	ram = \$ 1255 per month ram = \$ 945 per month
		ram = \$ 705 per month
		, a
		snack, lunch and an afternoon snack. ged on the first month of enrollment.
Parent's Signature		Date

For Questions contact Esty at <a href="mailto:esty@alaskajewishcampus.org">esty@alaskajewishcampus.org</a> Application may be submitted at <a href="mailto:admin.assist@alaskajewishcampus.org">admin.assist@alaskajewishcampus.org</a>