**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 in enrolling my child in the follow Gan Yeladim program:**

**Full Day Pre-School Program**

\_\_\_\_ 5-day program = $ 1,015 per month

\_\_\_\_ 4-day program = $ 890 per month

\_\_\_\_ 3-day program = $ 700 per month

\_\_\_\_ 2-day program = $ 525 per month

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**Full Day Toddler Program**

\_\_\_\_\_ 5-day program = $ 1,110 per month

\_\_\_\_\_ 3-day program = $ 770 per month

\_\_\_\_\_ 2-day program = $ 575 per month

**All programs include morning snack, lunch and afternoon snack.**

**The enrollment fee will be charged on the first month of enrollment.**

**Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For Questions contact Esty at [esty@alaskajewishcampus.org](mailto:esty@alaskajewishcampus.org)

Payment and application may be submitted at [accounting@alaskajewishcampus.org](mailto:accounting@alaskajewishcampus.org)