

## BASIC APPLICATION — PART I: FAMILY INFORMATION (ONE PER FAMILY)

### PARENT/GUARDIAN #1 INFORMATION

Mrs.  Ms.  Mr.  Dr.  Rabbi  Rabbi Dr.  Other: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Hebrew Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from student) STREET/APT # CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(if different from student)

Email: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status:\* \_\_\_\_\_ If parent is remarried, name of stepparent: \_\_\_\_\_

**\*Note:** If applicant's parents are divorced/separated, the family will be asked to supply a copy of the legal custody arrangements at the time of enrollment. Until and unless Maimonides School receives documentation of legal directives to the contrary, our policy is to send all school communications to both parents.

Employer: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### PARENT/GUARDIAN #2 INFORMATION

Mrs.  Ms.  Mr.  Dr.  Rabbi  Rabbi Dr.  Other: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Hebrew Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) STREET/APT # CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(if different from above)

Email: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If parent is remarried, name of stepparent: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Maimonides School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

<b>FOR OFFICE USE ONLY:</b> <input type="checkbox"/> DATE REC _____ <input type="checkbox"/> APP FEE _____
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**FAMILY INFORMATION**

With which synagogue, if any, are you affiliated? \_\_\_\_\_

Please tell us about your Jewish and general communal affiliations, if any. \_\_\_\_\_

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Has child, either parent or any grandparent converted?  Yes  No

If yes, please enclose a copy of the certificate(s) of conversion and indicate:

RELATIONSHIP TO STUDENT	NAME	DATE OF CONVERSION			RABBI / BEIT DIN PERFORMING CONVERSION
		MM	DD	YYYY	

**GENERAL COMMENTS:** Is there anything else you would like to share with us about your family? (Please feel free to attach a separate sheet of paper.)

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Please list the following information for your child's **siblings**:

	NAME	DATE OF BIRTH			GENDER (circle)	CURRENT GRADE	CURRENT SCHOOL
		MM	DD	YYYY			
1					F M		
2					F M		
3					F M		
4					F M		
5					F M		

Have you or any other family members ever attended Maimonides?  Yes  No *If yes, relationship(s) and dates of attendance:*

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**BASIC APPLICATION — PART II: STUDENT INFORMATION (ONE PER APPLICANT)**

Name of Student: \_\_\_\_\_  
LAST FIRST MIDDLE

Male  Female Hebrew Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET/APT # CITY STATE ZIP

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ (If adopted, please list adoption date) \_\_\_\_\_

Please describe your child (disposition, special interests, talents, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLYING FOR EARLY CHILDHOOD CENTER** *Student age as of September 1, 2015*

Core Program  
 Monday - Friday  
 8:30 am - 1:00 pm

2-year-old (select one option)  Five days  Three days  Two days  
 3-year old  
 4-year old

Early Morning Drop-Off  
 7:45 - 8:30 am

Five days  Monday  Tuesday  Wednesday  Thursday  Friday

Afternoon Program  
 1:00 - 3:45 pm (Monday - Thursday)  
 1:00 - 2:30pm (Fridays)\*

Four days  Monday  Tuesday  Wednesday  Thursday  Friday\*

Extended Day Program  
 3:45 - 5:45 pm

Four days  Monday  Tuesday  Wednesday  Thursday

\*The Afternoon Program is open on Fridays from 1:00-2:30 pm only when Maimonides School dismisses at 2:30 pm.

**PREVIOUS EDUCATION** *Please list your child's current school or recent day care program(s) if applicable:*

1. Current School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If applicable, please tell us about your child's previous school or day care experience: \_\_\_\_\_  
 \_\_\_\_\_

What language(s) does your child speak fluently?  English  Hebrew  Russian  Other: \_\_\_\_\_

Has your child ever received any support services, enrichment, or tutoring?  Yes, currently  Yes, in the past  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever received any evaluations (e.g., psychological, educational, speech and language, occupational or physical therapy, behavioral)?  Yes  No

If yes, **please enclose copies** of report(s) and briefly describe:

\_\_\_\_\_

\_\_\_\_\_

Does your child currently receive psychological, educational, speech, language, occupational, physical, or behavioral therapy?  Yes  No  
If so, please indicate which kind and how often:

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS:** Is there anything else you would like to share with us about your child or family? (Please feel free to attach a separate sheet of paper.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby apply for admission of my child to the Maimonides School Early Childhood Center. I certify that the above information is complete and accurate.

I am enclosing:  a copy of my child's birth certificate.  
 a check made payable to Maimonides School for the \$100 non-refundable application fee per student.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed application, along with the other required documents, to:

**Maimonides School, c/o Office of Admissions, 2 Clark Road, Brookline, MA 02445**

Applications will be reviewed on a rolling basis by the Admissions Committee. Parents will be notified about acceptance decisions as soon as possible.

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**FOR OFFICE USE ONLY:**  DATE REC \_\_\_\_\_  
 APP FEE \_\_\_\_\_

## BASIC APPLICATION

### PART III: PARENTAL CONSENT FORM (ONE PER APPLICANT)

#### PARENT/GUARDIAN PERMISSION

Student's Name: \_\_\_\_\_

Name of **Current** School: \_\_\_\_\_

City, State: \_\_\_\_\_ School Fax (required): \_\_\_\_\_

**I hereby permit Maimonides School to communicate with my child's current teachers, administration, support staff, and specialists. I also give consent for teachers/administrators from Maimonides School to observe my child in his/her current classroom setting, and request that my child's current school accommodate such observation as needed.**

Additional comments (optional):

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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