



Congregation Beth Shalom

14601 West Lincoln Road ♦ Oak Park, Michigan 48237 ♦ 248.547.7970
www.congbethshalom.org

GAN SHALOM PRESCHOOL

APPLICATION FOR ADMISSION: SEPTEMBER 2011 – JUNE 2012

Member Non-Member Male Female

STUDENT INFORMATION

Student's Full Name _____ Hebrew Name _____ Date of Birth _____
Student's Address _____ City _____ Zip _____
Home Phone _____ e-mail _____

PARENT I INFORMATION

Name _____
Address _____
Home Phone () _____ Work Phone () _____
Cell Phone () _____ E-mail _____

PARENT II INFORMATION

Name _____
Address _____
Home Phone () _____ Work Phone () _____
Cell Phone () _____ E-mail _____

IN CASE OF EMERGENCY AND PARENTS ARE UNAVAILABLE, PLEASE CONTACT

Name _____ Relationship _____
Address _____ Phone () _____
Adults also authorized to pick up child from school: _____

(All authorized adults will be required to show current identification before child will be released from school.)

MEDICAL INFORMATION

Is your child regularly on any medication? (✓ one) Yes No If yes, please list: _____

Are there any allergies or special medical conditions you would like to share with us concerning your child? (✓ one) Yes No

In the unlikely event of a medical emergency while your child is in school, please provide the name and phone number of your pediatrician

Name _____ Phone _____

What does your child like to do at home? _____

I give my permission for Gan Shalom Preschool at Congregation Beth Shalom to videotape and photograph my child for promotional materials, CBS website, local newspapers and advertisements [name and city included]. Yes No

I give my permission for Gan Shalom Preschool at Congregation Beth Shalom to share our telephone number with classmates.
 Yes No

Parent I Signature _____ Date _____

Parent II Signature _____ Date _____