

BARBARA F. GUZOVSKY PRE-SCHOOL

29 Chestnut Hill Avenue Brighton, MA 02135 (617) 787-2200 www.shaloh.org

CHILD

Last Name	First Name	Hebrew Name	Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl
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Home Street Address	Date of Birth	Program Entering
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City	State	Zip	Home Phone	Email
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Place of Birth	Primary Language	Other languages <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Hebrew <input type="checkbox"/> Other
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Current Pre-School	Dates Attended
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School Address	School Phone Number
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Previous Pre-School	Dates Attended
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Sibling	Sibling	Sibling
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Sibling	Sibling	Sibling
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Sibling Name	Sibling	Sibling
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FATHER**MOTHER**

Father	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi	Mother	<input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
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Jewish <input type="checkbox"/> Yes <input type="checkbox"/> No	Hebrew Name	Jewish <input type="checkbox"/> Yes <input type="checkbox"/> No	Hebrew Name
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Home Street Address if different from student	Home Street Address if different from student
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City	State	Zip	City	State	Zip
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Home Phone	Cell Phone	Home Phone	Cell Phone
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Email	Email
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Occupation / Title	Occupation / Title
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Employer	Employer
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Marital Status	Synagogue Affiliation	Marital Status	Synagogue Affiliation
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Child

PLEASE TELL US ABOUT YOUR CHILD

What are your priorities in raising & educating your child?

What would you like your child to gain from attending Shaloh House?

Please tell us about your child

Are there any special issues in your child

What do you especially like and which issues concern you the most about the education and environment at the Shaloh House?

Child**HOW DID YOU HEAR ABOUT THE SCHOOL?**

 Family/Friends (please share their name(s) with us so we can thank them) Newspapers Other**SCHOLARSHIPS**

If you are unable to pay your child

y not available for those who register mid-year.

All Scholarships are awarded by our Tuition and Scholarship Committee after review of the completed financial aid forms.

 Please send our family a Financial Aid packet.

Parent Signature

Date

Please note that this application requires a \$50 fee.

FOR OFFICE USE ONLY

Date Application ReceivedApplication Fee Received Yes No

Date School Records Requested

Date School Records Received

CommentsAccepted Yes No

Date