



2019 – 2020 School Year

<b>APPLICANT</b>	Full Name: _____				
	Last	First	Middle	Name Child Uses	Hebrew Name
	Home Address: _____				
	Street	City	State	Zip Code	
	Present Grade _____		Date of Birth _____		Age _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Application _____ Class _____					

<b>PARENT/GUARDIAN</b>	Full Name: _____				
	Title	First	Middle	Last	Relationship to Student
	Home Address: _____				
	Street	City	State	Zip Code	
	Home Phone: _____		Cell Phone: _____		
	Employer: _____		Occupation: _____		
	Address: _____				
Street	City	State	Zip Code		
Phone: _____					
Email Address: _____ <input type="checkbox"/> Work or <input type="checkbox"/> Home					

<b>PARENT/GUARDIAN</b>	Full Name: _____				
	Title	First	Middle	Last	Relationship to Student
	Home Address: _____				
	Street	City	State	Zip Code	
	Home Phone: _____		Cell Phone: _____		
	Employer: _____		Occupation: _____		
	Address: _____				
Street	City	State	Zip Code		
Phone: _____					
Email Address: _____ <input type="checkbox"/> Work or <input type="checkbox"/> Home					

**FAMILY INFORMATION**

Student lives with (check all that apply):

Mother    Father    Stepmother    Stepfather    Guardian    Other: \_\_\_\_\_

If the applicant's parents are divorced, please indicate which parent has responsibility for:

custody of student \_\_\_\_\_ school related decisions \_\_\_\_\_

financial matters \_\_\_\_\_ school registration materials \_\_\_\_\_

Which language is spoken at home? \_\_\_\_\_

**SIBLINGS:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Current School \_\_\_\_\_

**GENERAL INFORMATION**

In what ways do you expect your child to benefit from our program? \_\_\_\_\_

Describe your child using three adjectives: \_\_\_\_\_

What hobbies and interests does your child possess: \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Religion(s) practiced in home: \_\_\_\_\_

Congregational affiliation: \_\_\_\_\_

**SCHOLASTIC INFORMATION**

Current preschool/daycare: \_\_\_\_\_ Time attended: \_\_\_\_\_

School address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Does your child currently engage in any enrichment programs or organized play groups? Please describe \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Please indicate any special interests: \_\_\_\_\_

**MEDICAL INFORMATION AND MORE**

**Please check all that apply to your child:**

- Allergies
- Chronic Illness
- Vision or Hearing Difficulties
- Physical Restrictions
- Learning Differences
- Emotional or Behavioral Concerns
- Currently Taking Medications
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Educ. Assessment or Tutoring
- Psychological Counseling
- Two Parent Family
- Single Parent Family
- Blended Family
- Custodial Arrangements
- Other: \_\_\_\_\_

Please note below specific comments for those items checked:

Date of Onset	Please Provide Details	Future Plans

The Lil Goldman Early Learning Center is licensed by the Texas Department of Protective and Regulatory Services.

The Lil Goldman Early Learning Center does not discriminate on the basis of race, sex, color, ethnic origin, or physical disabilities in the administration of its educational policies, admission policies, and other school administered programs.

**JEWISH EDUCATION AGENCY  
LIL GOLDMAN EARLY LEARNING CENTER – ENROLLMENT CONTRACT**

Please enroll my child \_\_\_\_\_ for the \_\_\_\_\_ school year.

Age as of September 1, \_\_\_\_\_

I understand that final acceptance of my child as a student in the program is at the discretion of the Jewish Education Agency, based upon satisfactory review of previous school records (if applicable), an admission interview, and space availability.

I authorize the Jewish Education Agency to contact current and previous schools and other sources to secure pertinent information necessary to reach an admission decision and execution of this form constitutes my consent to the release of information by any school, program, or health care practitioner. I understand that all records obtained by the JEA are confidential and will be shared only with the professionals involved in the admission process.

The rules, policies and procedures of the Jewish Education Agency, as from time to time adopted, are incorporated herein by reference. By signing this Enrollment Contract, the undersigned does hereby agree to be bound by and to comply with all such rules, policies and procedures.

I agree to furnish medical information and all emergency forms required by the program before the first day of that program.

I hereby authorize the program to administer minor first aid and transport my child to the nearest health care facility in order to obtain medial treatment in case of emergency.

A student's continued enrollment is dependent on the student achieving satisfactory educational development and the student and parent's compliance with the rules of conduct. Accordingly, if in the sole discretion of the Jewish Education Agency, a student fails to achieve satisfactory educational development or either the student or the student's parents fail to comply with such rules of conduct, the Jewish Education Agency shall have the right, in its sole discretion, to dismiss the student.

**This enrollment contract constitutes a binding contractual obligation on the part of the undersigned to pay the entire annual tuition charge and fees for the student, based on the plan selected in the attached Schedule of Annual Tuition and Fees. That schedule is subject to change at any time.** No portion of such fees so paid or outstanding will be refunded or canceled, notwithstanding the subsequent absences, voluntary withdrawal, or forced dismissal from the program of the above student.

A registration fee of \$250 must be submitted with this enrollment contract. This fee is non-refundable and constitutes a good faith consideration to bind this contract.

Nonpayment of charges herein provided for shall also be grounds for dismissal. The dismissal of the student by the Jewish Education Agency shall not relieve the undersigned from his/her/their obligation to pay the entire annual tuition. Should the Jewish Education Agency incur attorney fees, court costs, or other expenses in collecting tuition balance due, the undersigned agrees to pay all such costs, forthwith, and that the same shall be considered as additional fees due to the program. Deposits, fees, and expenses shall be paid when stipulated by the program.

Future enrollment in any Jewish Education Agency program will be denied if any outstanding balance is owed after the last day of the program, unless prior payment arrangements have been approved by the Head of School and Chairperson of the appropriate board/committee.

This contract is valid only when the Enrollment Contract, together with the non-refundable application fee, is received by the program and the student's admission is approved by the Head of School.

I agree to the above terms, conditions, and payments.

**I UNDERSTAND THAT ALL PAYMENTS AND FEES ARE NON-REFUNDABLE.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved and accepted by the JEA

\_\_\_\_\_  
Date