



Boulder Jewish Day School

Academic excellence. Jewish values.

7415 Lookout Road Longmont, CO 80503

Ph: 303-449-5569 Fax: 303-530-0295 BJDS@qwest.net

2010-2011 Application for Early Childhood Program Admission This application must be accompanied by a \$250 deposit.

Full Name of Child _____ Nickname _____
First - Middle - Last

Hebrew Name _____ M F

Date of Birth: _____ Current Age: _____

Program of Interest:

- Preschool
- Junior Kindergarten

Desired Schedule: (Please check the schedule you would like for your child. Full day is from 8:15 am to 3:30 pm; Half day is from 8:15 am to 12:15 pm.)

Day	Full Day	Half Day
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Does the student currently attend Boulder Jewish Day School?

- Yes
- No

If No, please list other schools the applicant has attended in the last three years: (Please provide name, address, city, state, grades, dates, and teachers)

Year 1: _____

Year 2: _____

Year 3: _____

Parent1's Name _____

Home address _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____



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Employer _____ Position/Title _____

Work Address _____

Work Phone _____ Preferred Email _____

Parent2's Name _____

Home address _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Employer _____ Position/Title _____

Work Address _____

Work Phone _____ Preferred Email _____

Siblings (including gender, age): _____

Name of parent(s) with whom student resides _____

Check appropriate box: Married Separated Divorced Single Mother

Remarried Father Remarried Mother Deceased Father Deceased

Other _____

If divorced, explain custody arrangements _____

What does your child especially like to play with when he/she is alone? With other children?

How does your child cope with difficult situations, changes, or transitions?

How do you discipline your child? What appropriate consequences are most beneficial?



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What frightens your child?

Is there anything else you would like us to know about your child that will help him/her adjust to life at Boulder Jewish Day School?

Is there a health/educational professional assisting your child in such areas as tutoring, testing, allergy, diet, mental health, physical handicap or specified learning disability?

Name _____ Phone _____
Address, City, State and Zip _____

Special Family Situations: If there is a special family situation such as a divorce, separation or a blended family, both parents are notified of parent/teacher conferences and other major school programs are provided access to all official records and reports about the applicant in accordance with school policy. Exceptions to this policy are undertaken only when necessary to comply with law or ordered by the court. Please provide the school any information to comply with legal requirements.

How did you hear about us? Other School Parent Publication _____
 Other _____

ANY UNUSUAL LEGAL/HEALTH/TEACHING ARRANGEMENTS CONCERNING THE APPLICANT SHOULD ACCOMPANY THIS DOCUMENT.

Please note that the deposit of \$250.00 is non-refundable.

FOR OFFICE USE ONLY		Date	Initials
Application Submitted			
Application Fee Submitted			
Attachments Included? YES NO			
Contract Sent			