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HEBREW ACADEMY PRESCHOOL

THE HEBREW ACADEMY

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FAX: (714) 898-0633

Email: director@hacds.org

www.hebrewacademypreschool.org

Application for Preschool Admission

Applying for Grade - T N PS

Date _____

Name of Applicant _____

Home Address _____

Street

City

Zip

Telephone

Email Address _____

Birth date _____ Birth place _____

Month

Day

Year

Early Childhood Information

Starting date:

Indicate the number of days and schedule needed

- 5 Days
- 4 Days M__T__W__T__F__
- 3 Days M__T__W__T__F__
- 2 Days M__T__W__T__F__
- Full Days – 8-9:00 A.M. – 3:30 P.M.
- Half Days – 8-9:00 A.M. – 12:30 P.M.
- Extended Day A.M. 7:00 – 8:00 A.M.
- Extended Day P.M. – 3:30 – 6:00 P.M.

FAMILY INFORMATION

Email: _____

Father's Name _____

Home Address _____ City _____ State _____ Tel.# _____

Occupation _____ Business Name _____

Business Address _____ City _____ State _____ Tel.# _____

Mother's Name _____

Home Address _____ City _____ State _____ Tel.# _____

Occupation _____ Business Name _____

Business Address _____ City _____ State _____ Tel.# _____

For office use only.

Date Application Received: _____ Date Deposit Received: _____