



# GAN EDEN

The American-Israeli Preschool in Manhattan  
131 West 86<sup>th</sup> Street  
New York, NY 10024

## Gan Eden Preschool Application – 2015-2016 School Year

Please complete this application in its entirety and return it with a \$1000 deposit.  
Gan Eden Preschool does not charge application fees.

### PLEASE PRINT

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Child's Gender M [ ] F [ ]

**Mother/Guardian #1 Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Fax # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**Father/Guardian #2 Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Fax # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**Family Status** [ ] Married [ ] Divorced [ ] Separated [ ] Widowed [ ] Single

**Custody** [ ] Both Parents [ ] Mother [ ] Father [ ] Other

### Morning Sessions

Program Code [\_\_\_\_\_] Notes: \_\_\_\_\_

### Afternoon Session- Enrichment Program

Program Code [\_\_\_\_\_]

**Deposit: \$1,000 (non Refundable) for each session. We will deposit the amount only if your child was accepted to our program, otherwise, your deposit will be returned to you.**

### Release

I hereby give my permission for my child to participate in all programs, activities and trips as part of the 2015-2016 Gan Eden Preschool I understand and fully recognize that risks are involved. I hereby release Gan Eden or any of its employees from any liability arising out of any injury to my child.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### For Office Use Only

Date Received \_\_\_\_\_

Medical Form: \_\_\_\_\_

Deposit: \_\_\_\_\_