

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

FATHER

MOTHER

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

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 -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 Received

Application Fee Received ☐ Yes ☐ No

Date School Records Requested

Date School Records Received

Comments

Accepted ☐ Yes ☐ No

Date