



Application for Admission

Welcome to The Beth Torah Suzy Fischer Early Childhood Academy

Thank you for enrolling your child in our Suzy Fischer Early Childhood Academy at Beth Torah Benny Rok Campus. Please take the time to complete this form so we can learn more about your child and family.

Date _____ Program for which student is applying _____

Child's First Name _____ Child's Middle Name _____ Child's Last Name _____ Hebrew Name _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Gender _____ Age _____ DOB _____

Current School Name _____ Phone Number _____

PREVIOUS SCHOOL(S) ATTENDED

Name _____ From _____ To _____

Name _____ From _____ To _____



Beth Torah Adath Yeshurun Inc.

Benny Rok Campus - 20350 NE 26th Ave., North Miami Beach, FL 33180

Phone: (786) 279.7899 | Fax: (305) 933.6955 | Email: ECA@btbrc.org

www.btbrc.org/ECA

SIBLING INFORMATION

Name _____ DOB _____ Current School _____ Grade _____

Name _____ DOB _____ Current School _____ Grade _____

Name _____ DOB _____ Current School _____ Grade _____

PARENT / GUARDIAN INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Mobile Number _____

Email _____

Is Father Jewish? yes no

Synagogue Affiliation _____

Occupation _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Name _____

Address _____

City _____ State _____ Zip _____

Mobile Number _____

Email _____

Is Mother Jewish? yes no

Synagogue Affiliation _____

Occupation _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____

IF SEPARATED OR DIVORCED, PLEASE COMPLETE THIS SECTION.

Custody Arrangement: Joint Father only Mother only Other

Send reports to: Both Parents Father only Mother only Other

Send other information to: Both Parents Father only Mother only Other

All communication restrictions must be supported by a current court order and/or properly executed legal documents.

GRANDPARENTS/ PATERNAL

Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

GRANDPARENTS/ MATERNAL

Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Will you be applying for financial assistance? yes no

APPLICANT INFORMATION

What is the primary language spoken at home: _____

Has the applicant been on probation, suspended, dismissed, withdrawn,
or expelled from any other school? yes no

If yes, please submit relevant details on a separate paper.

Has the applicant had any formal academic evaluation and/or psychological
testing within the last five years? yes no

If yes, a copy of the evaluation is required with this application.

Has the applicant ever been tested for:

Speech / Language / Hearing yes no

Learning Disability yes no

Occupational Therapy yes no

Physical Therapy yes no

Social / Emotional Difficulty yes no

At the present time, is the applicant currently receiving
therapy for any of the above? yes no



MEDICAL INFORMATION

Is there any reason why the applicant cannot fully participate in the school curriculum or activities?

yes no

Does the applicant have any medical or physical limitations?

yes no

Does the applicant take any medications on a regular basis?

yes no

Does the applicant have any allergies?

yes no

If yes, please explain: _____

Please share with us any additional information about the applicant. Include anything you wish to add about the applicant such as his/her educational expectations, any special challenges or special strengths.

(Use a separate sheet of paper if necessary) _____

How did you hear about us? _____

Please return this completed application to the Admissions Office along with a \$500 non-refundable registration fee payable to SUZY FISCHER ECA or BETH TORAH.

All applicants must submit a copy of a birth certificate.

Your signature verifies that the information in this application and any information provided in separate documents are true and correct. Any false, inaccurate or omitted information may result in your child's dismissal from the Suzy Fischer Early Childhood Academy.

Non Discriminatory Policy

The Suzy Fischer Early Childhood Academy does not discriminate on the basis of religion, gender, race, sexual orientation, and national or ethnic origin in the administration of its educational policies, admissions policies, financial aid and loan programs, activities or other school administered programs.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date