



# 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

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## 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 \_\_\_\_\_

### ENROLLMENT INFORMATION

Please let us know your enrollment plans.

\*Enrollment  full day  half day

\*Early care  yes  no

\*After care  yes  no

\*Class start date \_\_\_\_\_

### 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 by pressing the SUBMIT BUTTON below or by e-mail to **cmozes@btbrc.org**. Once reviewed by the Admissions Office, you will receive an email with a link to the Enrollment Contract to sign and return. **Enrollment will be considered complete once the enrollment contract is submitted to admissions department and a \$500 non-refundable deposit is made.**

**All applicants must submit a copy of a birth certificate.**

**Your full name 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 Full Name**

\_\_\_\_\_  
**\*Date**

\_\_\_\_\_  
**Parent / Guardian Full Name**

\_\_\_\_\_  
**Date**