



3800 Glenbrook Road, Fairfax, VA 22031

**APPLICATION FOR ADMISSIONS  
2012-2013 SCHOOL YEAR**

Child's full name \_\_\_\_\_ Sex \_\_\_\_\_

Name he/she prefers to be called \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**PARENT INFORMATION**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

May we include your cell phone in the directory? Yes \_\_\_ No \_\_\_

If so, which one? Mother \_\_\_ Father \_\_\_ Both \_\_\_

**REGISTRATION WILL BE CONSIDERED COMPLETE WHEN WE RECEIVE:**

- \* This completed form
- \* \$50 non-refundable application fee (\$75 after February 15, 2012). Checks should be payable to Olam Tikvah Preschool. One fee per family.
- \* Applications should be mailed to: Olam Tikvah Preschool  
c/o Kathi Newman  
7751 Inversham Dr. #217  
Falls Church, VA 22042

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Member of Olam Tikvah? Yes \_\_\_ No \_\_\_

Sibling of a current student? Yes \_\_\_ No \_\_\_

Sibling of a former student? Yes \_\_\_ No \_\_\_

Siblings: Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Siblings: Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Siblings: Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Siblings: Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

How did you hear about Olam Tikvah Preschool? \_\_\_\_\_