



Application Processing Fee Received _____
Deposit Received on _____ Amount _____
First Month Tuition Fee _____ Amount _____

**OHEB SHALOM'S
LEARNING LADDER**
7310 PARK HEIGHTS AVENUE
BALTIMORE, MARYLAND 21208
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New Application 2015 - 2016

CHILD'S NAME _____ DATE OF BIRTH _____
ADDRESS _____ ZIP CODE _____
Parent's Name _____ Home phone _____
Parent's Address _____
Parent's Occupation _____ Bus. Phone _____
Parent's Name _____ Home phone _____
Parent's Address (if different) _____
Parent's Occupation _____ Bus. Phone _____
Parent's Cell Phone _____
Grandparents Name _____ Grandparents Home Phone _____
Grandparents Address _____
Grandparents Name _____ Grandparents Home Phone _____
Grandparents Address _____
Parents E-Mail addresses _____
Parents' Marital Status _____
Siblings: (Names and Ages) _____
SHARE A FEW THOUGHTS ABOUT YOUR CHILD _____

What is your religious affiliation? (optional) _____
Are you currently a member of a congregation? (optional) _____
If yes, which one? (optional) _____
Has your child attended another school? _____
If yes, which ones and dates attended _____
Does your child have an IEP? Y/N If so, please attach a copy. ***
PHYSICIAN'S NAME _____ PHONE _____
Do we have permission to contact your doctor in case of emergency? _____
If you are not available, whom do you want us to call in case of emergency?
Name _____ Phone _____
Relationship _____

INFANTS, PRE-TODDLERS, TODDLERS

5 DAYS PER WEEK ONLY

__7:00AM-6:00PM

__9:00AM-6:00PM

YOUNGER 2'S

(SCHEDULE THROUGH THE MONTH OF CHILD'S SECOND BIRTHDAY)

5 DAYS PER WEEK ONLY

__7:00AM-6:00PM

__9:00AM-6:00PM

(SCHEDULE FOLLOWING THE MONTH OF CHILD'S SECOND BIRTHDAY)

5 DAYS PER WEEK Mon. Tue. Wed. Thur. Fri.

__7:00AM-9:00AM __ __ __ __ __

__9:00AM-12:30PM __ __ __ __ __

__12:30PM-3:00PM __ __ __ __ __

__3:00PM-6:00PM __ __ __ __ __

TWO YEAR OLDS (pick your days)**

2,3,4 DAYS PER WEEK: Mon. Tue. Wed. Thur. Fri.

__7:00AM-9:00AM __ __ __ __ __

__9:00AM-12:30 PM __ __ __ __ __

__12:30PM-3:00PM __ __ __ __ __

__3:00PM-6:00PM __ __ __ __ __

5 DAYS PER WEEK Mon. Tue. Wed. Thur. Fri.

__7:00AM-9:00AM __ __ __ __ __

__9:00AM-12:30 PM __ __ __ __ __

__12:30PM-3:00PM __ __ __ __ __

__3:00PM-6:00PM __ __ __ __ __

THREE YEAR OLDS (pick your days)**

2,3,4 DAYS PER WEEK Mon. Tue. Wed. Thur. Fri.

__7:00AM-9:00AM __ __ __ __ __

__9:00AM-12:30 PM __ __ __ __ __

__12:30PM-3:00PM __ __ __ __ __

__3:00PM-6:00PM __ __ __ __ __

5 DAYS PER WEEK Mon. Tue. Wed. Thur. Fri.

__7:00AM-9:00AM __ __ __ __ __

__9:00AM-12:30 PM __ __ __ __ __

__12:30PM-3:00PM __ __ __ __ __

__3:00PM-6:00PM __ __ __ __ __

FOUR YEAR OLDS (5 days only)

5 DAYS PER WEEK Mon. Tue. Wed. Thur. Fri.

__7:00AM-9:00AM __ __ __ __ __

__9:00AM-12:30 PM __ __ __ __ __

__12:30PM-3:00PM __ __ __ __ __

__3:00PM-6:00PM __ __ __ __ __

***All children must attend at least the core hours 9:00 AM - 12:30 PM in order to use the extended hours.**

****Choice of days based on space available**

Signature: _____

(parent or guardian)

Date: _____

*****Please include a Copy of your child's IEP if you have one so that the staff can work with the family and early intervention or special education service providers to support child and family outcomes.**