

## New Student Application 2024-2025 School Year





	Class Options - Plea	ase Choose One:	
Infant Program: (3-12 months)	(2-Days)	(3-Days)	(5-Days)
Toddler Program: (12 - 18 Months)	(2-Days)	(3-Days)	(5-Days)
Toddler Program: (18 - 23 Months)	(2-Days)	(3-Days)	(5-Days)
2 Year Old Program:	(3-Days)	(5-Days)	
3 Year Old Program:	(4-Days)	(5-Days)	
4 Year Old Program:	(5-Days)		

If applying for the Extended Day Program (7:30 a.m. – 5:30 p.m.) please also choose one:	
(2-Days) (3-Days)	
(4-Days) (5-Days)	

Note: Our regular half day preschool program is from 9:30am - 1:30pm.

Temple Members: (Circle one) YES NO	Student's Age on September 1, 2024:Gender:
Student's Full Name:	Date of Birth or Due Date:
Student Prefers to be Called:	Home Phone:
Student's Home Address:	
City/ State/Zip Code:	
Parent / Guardian 1:	Parent / Guardian 2:
Jewish:	Jewish:
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Home Address:(if different from child's)	Home Address: (if different from child's)
Home Phone:(if different from child's)	Home Phone:(if different from child's)
Email:	Email:
Student's Legal Guardian/s:	<del>-</del>
Student resides with:	

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Siblings who reside with the	ne student:	
Name:	DOB:	Current School:
Name:	DOB:	Current School:
Siblings who <u>do not</u> reside	with the student:	
Name:	DOB:	Current School:
Name:	DOB:	Current School:
•		ces or special needs that might affect your child's experience at
If checked, please describe:		
		Admission Information
Application Fee: There is a	\$200.00 Non-refundable	e, Non-transferable application fee for each New Student Application.
<ul><li>The WELC reserves</li><li>The WELC, at its so</li><li>The WELC does not</li></ul>	the right to consolidate of the discretion, may or may taccept specific requests	ust be on file in the WELC Office by the child's first day of school. or cancel a class should registration minimums not be met. or not offer admission to my child. for teachers, friends or class placement. director is notified in writing by May 15th of the parent's request to
<ul> <li>Children will be place year (for which they</li> </ul>		sses according to their age on September 1st of the upcoming school
Please email the co	mpleted application and c	credit card form (found on our website) to welc@the-temple.org or mail
Please share anything else y	ou feel we should know a	about your child:

## **Additional Fees**

TPA Dues (The Parent Association) will be listed on the Enrollment Contract that you will receive upon your child's acceptance into the WELC.

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## **Class Hours**

Children in all classes will attend school from 9:30 a.m. – 1:30 p.m. and will eat lunch at school. Children enrolled in the Extended Day Program will attend from 7:30 a.m. – 6:00 p.m. Attendance Options are: 2-Days, 3-Days, 4-Days or 5-Days.

## **Additional Offerings**

**Early Morning Care** is available for children enrolled in any program from 8:30 a.m. – 9:30 a.m. Monday through Friday for an additional fee. Registration is offered for the semester or entire school year. This program may be used on an asneeded, drop-in basis if space permits.

**Stay & Play** is available for children enrolled in the 2,3 and 4 Year-Old Programs from 1:30 p.m. to 3:00 p.m. Monday through Friday for an additional fee. Registration is offered for the semester or entire school year. This program may be used on an as-needed, drop-in basis if space permits.

**Enrichment Classes** are available Monday - Thursday of the week from 1:30 p.m. - 3:00 p.m. for an additional fee. The schedule of classes is available in late August.

My signature verifies that the information on this application is accurate and true. I understand that if my child is admitted to the WELC, the first tuition payment is due within 10 days of acceptance to secure a class placement.

Signature of Parent / Guardian:	Date:	

Weinberg Early Learning Center at The Temple 1589 Peachtree Street, NE | Atlanta, GA 30309 Office: (404) 872-8668 | Fax: (404 892-5922 welc@the-temple.org

WELC Office Use Only
Date Received:
ShulCloud:
Application Fee Paid:
Date Decision Letter Sent:
Sent By:

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