

# New Student Application 2022-2023 School Year



	Class Options - Ple	ease Choose One:				
Infant Program: (3-12 months)	(2-Days)	(3-Days)	(5-Days)			
Toddler Program: (12 - 18 Months)	(2-Days)	(3-Days)	(5-Days)	If applying for the Extended Day Program (7:30 a.m 6:00 p.m.)		
Toddler Program: (18 - 23 Months)	(2-Days)	(3-Days)	(5-Days)	please also choose one:		
2 Year Old Program:	(3-Days)	(5-Days)		(2-Days) (3-Days)		
3 Year Old Program:	(4-Days)	(5-Days)		(4-Days) (5-Days)		
4 Year Old Program:	(5-Days)					
Temple Members:		Student's Age on	September 1, 2022:	Gender:		
Student's Full Name:			Date	e of Birth or Due Date:		
Student Prefers to be Called: Home Phone:						
Student's Home Addr	ress:					
City/ State/Zip Code:						
Student's Living Arr	rangements:			-		
Student's Legal Guar	dian(s):					
Parent / Guardian:			Parent / Guardian:			
Jewish:			Jewish:			
Occupation:			Occupation:			
Place of Employment:			Place of Employment:			
Work Phone:			Work Phone:			
Mobile Phone:			Mobile Phone:			
Home Address:	(if different from c	hild's)	Home Address: _	(if different from child's)		
Home Phone:			Home Phone:	(if different from child's)		
Fmail:	•	•	Email:	•		

Siblin	igs who reside with the stude	nt:		
Name	:	DOB:	Current School:	
Name	::	DOB:	Current School:	
Siblin	ngs who <u>do not</u> reside with th	e student:		
Name	e:	DOB:	Current School:	
Name	): 	DOB:	Current School:	
		-	es or special needs that might affect your child's experience at	
My ch				
If ched	cked, please describe:	····		
Pleas			our child has:	
		_	Admission Information	
<u>Appli</u>	ication Fee: There is a \$100.00	Non-refundable	e, <u>Non-transferable</u> application fee for each New Student Application	า.
•		•	ust be on file in the WELC Office by the child's first day of school.	
	· ·		r cancel a class should registration minimums not be met.	
•			not offer admission to my child.  for teachers, friends or class placement.	
•	•	•	director is notified in writing by May 15 <sup>th</sup> of the parent's request to	
•	Children will be placed in the	e appropriate clas	ses according to their age on September 1st of the current school yea	ar.
•	Please email the completed	application and c	redit card form (found on our website) to <u>welc@the-temple.org</u> or ma	il
	the application	and a check to: 1	589 Peachtree Street NE Atlanta, Ga 30309.	
Please	e share anything else you feel v	ve should know a	bout your child:	
		A	dditional Fees	

### 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.

## 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 which meets from 7:30 a.m. – 6:00 p.m.

The 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:	Da	te:
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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:					