



# Aish Denver Preschool Application for Enrollment 2011 / 2012

9550 E. Belleview Ave.  
Greenwood Village, CO 80111  
303-220-7200

[www.aishdenver.com/preschool.html](http://www.aishdenver.com/preschool.html)

Child's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Age as of 10/01/11: \_\_\_\_\_

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

(Street address)

(City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_ Father / Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Were you born Jewish? Yes  No  Were you born Jewish? Yes  No

Did you convert to Judaism? Yes\*  No  Did you convert to Judaism? Yes\*  No

\*If so, was the conversion Reform  Conservative  Orthodox  \*If so, was the conversion Reform  Conservative  Orthodox

Parents' Marital Status: Married  Divorced  Single

Has your child ever had a developmental evaluation? Yes  No

If you answered "Yes" above, please explain: \_\_\_\_\_

Please Check (rates per month for 10 months)*:	Partner	Non-Partner
<b>Morning Program (9 am - 12:30 pm)</b>		
Monday - Friday	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$600.00
Monday, Wednesday, Friday	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$360.00
Tuesday, Thursday	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$240.00
<b>Afternoon Enrichment Program (12:30 pm - 3 pm)</b>		
Monday - Friday	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$200.00
Monday, Wednesday, Friday	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$150.00
Tuesday, Thursday	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00

\*Scholarship applications will be accepted through a third-party agency at [www.factstuitionaid.com](http://www.factstuitionaid.com).

I understand that the required \$175.00 registration fee is non-refundable and non-transferable.

I understand that my monthly tuition will be \$ \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date (MM/DD/YY)

### Payment Information:

I have enclosed check number \_\_\_\_\_ for the \$175.00 registration fee.

Please charge the \$175.00 registration fee to my credit card, (MC, VISA, Amex, or Discover)

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_ Security code \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_