



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 2011-2012

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 \_\_\_\_\_

E-Mail addresses \_\_\_\_\_ Fax \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_