



# Application for Enrollment

## Cheder Ateres Tzvi





**CHEDER ATERES TZVI**  
**חדר עטרת צבי**  
 בנשיאות כ"ק אדמו"ר מפארשעי שליט"א

בס"ד

4 CAMPBELL AVENUE, SUFFERN, NY 10901 · MAILING: P O BOX 98 TALLMAN, NY, 10982 · TEL 845.369.1515 · FAX 845.369.9595 · OFFICE@ATERESTZVI.ORG

**CHEDER ATERES TZVI NURSERY-KINDERGARTEN APPLICATION**

Children to be enrolled			
Last Name:	First Name:	Hebrew Last Name (Please write in Hebrew):	Hebrew First Name (Please write in Hebrew):
Preferred Nickname:	Admission for school year: 20__		Date of Birth:

Parents			
Father's Title:	Father's Name:	Father's Business/Employer:	Profession:
Mother's Title:	Mother's Name:	Mother's Business/Employer:	Profession:
Address:		City:	State: Zip:
Marital Status:	Mothers Maiden Name:		Home Phone #:
Father's Cell #:	Father's Email:	Work #:	
Mother's Cell #:	Mother's Email:	Work #:	

Shul:	
Family Shul:	Years Attending:
Consulting Rav:	Telephone #:

Grandparents:					
Paternal Grandparents:	Address	City	State	Zip	Phone #:
Maternal Grandparents:	Address	City	State	Zip	Phone #:

Siblings:		
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:

References:		
Name:	Relation:	Phone #:
Name:	Relation:	Phone #:
Name:	Relation:	Phone #:

We have attached the \$100.00 Application fee (the fee will be returned if you are not interviewed).

Application fee is waived for current parents.