

Please list any additional children you have:

_____ Name	_____ Date of Birth	_____ School
_____ Name	_____ Date of Birth	_____ School
_____ Name	_____ Date of Birth	_____ School

ABOUT THE APPLICANT

What is your family looking for in this stage of your child's education?

Languages spoken at home other than English:

I/We certify that the information provided on this application is true and accurate.

Signature of person responsible for finances

Date

Signature of parent or guardian

Date

Please mail this completed form and an application fee of \$100 (made payable to University Synagogue) to:
University Synagogue ECLC, 11960 Sunset Boulevard, Los Angeles, CA 90049

Submission of this application does not guarantee admission into University Synagogue's Early Childhood Learning Center.

University Synagogue Early Childhood Learning Center does not discriminate in the administration of its educational policies and school administered extra-curricular programs.

A positive and constructive working relationship between University Synagogue/ECLC and parent(s)/guardian(s) of the children enrolled is essential. Thus, US/ECLC reserves the right not to extend the privilege of enrollment if US/ECLC reasonably concludes that the actions/conduct of parent(s)/guardian(s) do not make such a positive and constructive relationship possible.