



Bais Yaakov Elementary School

1111 Park Heights Avenue

Owings Mills, MD 21117

Phone: (443) 548-7700 Fax: (410) 363-3231 Email: admissions@baisyaakov.net

2019-2020 APPLICATION FOR ENROLLMENT

Office Use Only	
P / NP	
Staff Y / N	
Rcvd	
Visit	
Ltr Mld	
PRE	
EXEC	
N	
BC	
Deposit	

- Pre-Nursery (age 3 before 9/1/19)
- Nursery (age 4 before 9/1/19)
- Kindergarten (age 5 before 9/1/19)
- Grade _____

Legal Name of Child _____
(First) (Middle) (Last) (Social Security #)

Name Child is Called By _____

Hebrew Name (Please spell in Hebrew) _____
(Last) (Middle) (First)

English Birth date _____ Hebrew Birth date _____

Home Address _____ Zip _____ City/County/Other _____

Home Phone # _____

Father's Name _____ Hebrew Name _____ Title: Dr. / Mr. / Rabbi
 Occupation _____ Name of Firm _____ Owner _____ Employee _____
 Work Phone # _____ Cell Phone # _____ Email address _____

Mother's Name _____ Hebrew Name _____ Title: Dr. / Mrs. / Ms.
 Maiden Name _____ Bais Yaakov of Baltimore Alumnus? No / Yes - Year graduated? _____
 Occupation _____ Name of Firm _____ Owner _____ Employee _____
 Work Phone # _____ Cell Phone # _____ Email address _____

School Previously Attended _____ Grade _____

Pediatrician _____ Phone _____ Fax _____
 Dentist _____ Phone _____ Fax _____

Does applicant have any medical or psychological conditions that the school would benefit from knowing during the application process? Yes / No If yes, please specify: _____

Has the applicant received any educational, psychological, speech and language, or occupational assessments? Yes / No If yes, please include a copy of the assessment with this application.

Has the applicant received, or is she currently receiving, academic support? Yes / No If yes, please give details on a separate sheet of paper.

Is either parent deceased, remarried, or divorced?

Yes / No If yes, please explain and include paperwork: _____

Were both the parents and the child born Jewish? Yes / No If no, please indicate present status (in case of conversion, certificates must accompany this application): _____

Is the child adopted? Yes / No

Is either parent a step parent? Yes / No If yes, please explain: _____

Current Shul Affiliation: _____ Rav: _____

Please list brothers and sisters of child:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Paternal Grandparents: Last Name _____ Phone # _____

Grandfather's Name _____ Hebrew Name _____ Title _____

Grandmother's Name _____ Hebrew Name _____ Title _____

Address _____ City, State _____ Zip _____

Maternal Grandparents: Last Name _____ Phone # _____

Grandfather's Name _____ Hebrew Name _____ Title _____

Grandmother's Name _____ Hebrew Name _____ Title _____

Address _____ City, State _____ Zip _____

Emergency Contacts If Parents Cannot Be Reached

***LOCAL CONTACTS ONLY**

Name #1 _____

Home _____

Cell _____

Work _____

Name #2 _____

Home _____

Cell _____

Work _____

A DEPOSIT IS DUE WHEN YOU RECEIVE YOUR WELCOME LETTER:

Current Bais Yaakov families: This application will be not be processed without your non-refundable deposit. The deposit is \$400 for Pre-Nursery and \$200 for Nursery. The deposit is waived for Kindergarten.

New Bais Yaakov families: The deposit is \$400 per family. We will contact you to schedule a tour/interview. The deposit is due after the tour/interview when you receive your welcome letter.

There is no deposit for children entering grades 1-4. The deposit will be applied towards the tuition of the child who is being registered. In the event that the application for the child is withdrawn, the deposit may not be applied to the tuition of another child in the school. Tuition rates are computed on an annual basis and no allowances are made for absence. Tuition will be paid through the FACTS Program.

Thank you for your interest in Bais Yaakov! By enrolling your child, you grant permission for your child to be photographed or video recorded for use by Bais Yaakov for promotional purposes. They will not be distributed to any other organization without your express permission.

Father's Signature

Mother's Signature

Please fill out entire application. Both parents must sign this application.