

Zareinu Application for Admission

HELPING EVERY CHILD BLOSSOM

P.O. Box 201 | Woodmere, NY 11598 | (718) 406-8343
info@zareinu5T.org | www.Zareinu5T.org

Child's first and last name _____ Child's legal name _____

Child's Hebrew name _____ Date of birth _____

Home Address _____ City, State _____ Zip Code _____

Home Telephone Number _____

Father's name _____ Mother's name _____

Father's cell _____ Mother's cell _____

Father's e-mail _____ Mother's email _____

Current school _____ Current grade _____

Teacher(s) Name(s): _____

Is your child receiving any related services?

If yes, please check _____ Speech and language

_____ OT _____ PT _____ Counseling _____ SETTS /

Resource room

Please list all schools and grades your child has attended previously _____

Shul Affiliation _____ Name of Rabbi _____

Siblings Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

How did you hear about Zareinu? _____

Have you previously applied to Zareinu? _____

Briefly describe your child:

My child's interests:

My child's challenges:

Extra curricular activities: _____

Please list any academic supports outside of school: _____

To complete application, please include:

_____ Current picture of your child

_____ IEP/IESP, evaluations, progress reports, report cards, etc.

_____ \$100 application fee made payable to Zareinu (applied toward registration fee, upon acceptance)

Applications are processed on a first come-first served basis.

Applicants may be added to a waiting list when Zareinu classes are full.

Date submitted: _____

Completed applications can be mailed, faxed, or e-mailed to our office:

Zareinu Application

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