



Application for Admission
Guita (Roberts) Borenstein Center for Early Childhood Education
Torah Tots and Pre-Kindergarten
5785 [2024-2025]

A **non-refundable application fee of \$350**** must accompany **each** NEW student's application

Current parents should see re-enrollment form for pricing & priority enrollment information.

Program (check one below)

Schedule (Check one for your program)

- | | |
|---|--|
| <input type="checkbox"/> 2-year old (must be <u>24</u> months old by Sept. 1) | <input type="checkbox"/> M-F (5 days/week) |
| <input type="checkbox"/> 3-year old (must be <u>36</u> months old by Sept. 1) | <input type="checkbox"/> M-F (5 days/week) |
| <input type="checkbox"/> 4-year old /Pre-K (must be 4 years old by Sept. 1) | <input type="checkbox"/> M-F (5 days/week) |

All programs meet from 8:30 a.m.–1:30 p.m.

Note: Class sizes are limited by state licensing guidelines

Extended Care ** subject to change

Starts at 1:30 p.m. and ends at 4:10 p.m. Monday–Thursday on regular school days. There is no extended care on Friday. See school calendar for dismissal times and special dates.

Please indicate below if your child will be needing after-care on a regular basis.

Check off day(s) and enter end time for each day:

- | | |
|---|---|
| <input type="checkbox"/> Monday until _____ p.m. | <input type="checkbox"/> Wednesday until _____ p.m. |
| <input type="checkbox"/> Tuesday until _____ p.m. | <input type="checkbox"/> Thursday until _____ p.m. |

For Education Questions contact Rabbi Pinchus Idstein 952-285-8607

Enclose a photocopy of your child's birth certificate.

Age on September 1 determines class placement.

Consent and Release of Records

I hereby agree to provide Torah Academy with accurate and current information concerning my child,

Print Full Name of Student

I also grant permission for appropriate Torah Academy personnel to contact the professionals listed in this application and for release to Torah Academy of all transcripts, report cards, standardized test results, and other relevant records, including educational and psychological evaluations and IEPs for my child. Records received as a result of this application become part of the student's confidential permanent file at the time of enrollment.

Print Name of Parent or Legal Guardian

Signature

Date

Torah Academy of Minneapolis admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**Torah Academy • 2800 Joppa Avenue South • St. Louis Park, MN 55416
(952) 920-6630 Phone • (952) 922-7844 Fax • office@torahacademymn.org**

Student Information

Legal Name (First, Middle, Last) _____ Gender Male Female

Date of Birth ____/____/____ Hebrew Date of Birth _____ Is child a U.S. citizen? Yes No

Name you want child to be called (Nickname) _____ Is child adopted? Yes No

Hebrew Name (First, Middle, Last) _____

Was child born Jewish? Yes No >> If "No", a copy of conversion certificate signed by the presiding Bais Din is required

Parents' Marital Status Married Separated Divorced Widowed

If separated or divorced, please attach a copy of the custody agreement. _____

Legal Guardian(s) (Parents or other persons) _____

Student Lives With (check all that apply) Biological Father Biological Mother Step-father Step-mother
 Other (specify name & relationship) _____

Student's Home Address _____

City, State, Zip _____ Home Phone _____

Home Fax _____ Home Email _____

Student Academic and Medical Information

Previous Schools Attended: List chronologically below and include address of most recent school.

1) Current School _____ Dates attended _____

Address _____

Contact Person _____ Position _____ Phone _____

2) Previous School _____ Dates attended _____

Contact Person _____ Position _____ Phone _____

Testing: Has the applicant ever had an educational neurological or psychological evaluation? Yes No

Does applicant have a current IEP? Yes No Date of most recent evaluation or IEP _____

If you checked yes, we will be asking you to share the IEP or results of the evaluation(s) with us.

Medical Conditions: Does your child take any prescription medication(s) on a regular basis? Yes No

Does your child have anaphylactic allergies or need an Epi-pen? Yes No Have asthma or need an inhaler? Yes No

If "Yes" to any question(s), specify below each medication and for what condition it is prescribed. (Use additional page, if needed)

Medication	Condition	Medication	Condition

Describe any illness, disease, special needs, or physical disabilities that would have affected or may affect the applicant's general health, school work, or participation in the school's physical education program:

Vaccines: Is your child vaccinated and up to date on all his/her vaccines? Yes No Please provide an updated copy from your pediatrician

Father's Information

Father: Living Deceased Title: Rabbi Dr. Mr. Cohen Levi Yisroel Jewish Not Jewish

Name (First, Middle, Last) _____

Address (if different from student's) _____

Home Phone (if different from student's) _____ Email _____

Cell Phone _____ Fax _____

Occupation _____ Employer _____ Work Phone _____

Does your company match donations? Yes No

If remarried: Name of Spouse _____ Spouse's Cell Phone _____

Special Interests & Skills _____

Grandmother (Paternal): Living Deceased Title: Dr. Mrs. Ms.

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

Grandfather (Paternal): Living Deceased Title: Rabbi Dr. Mr.

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

Mother's Information

Mother: Living Deceased Title: Dr. Mrs. Ms Maiden Name _____

Name (First, Middle, Last) _____

Was mother born Jewish? Yes No>>If "No", a copy of conversion certificate signed by the presiding Bais Din is required

Was mother's mother born Jewish? Yes No>>If "No", a copy of conversion certificate is required

Address (if different from student's) _____

Home Phone (if different from student's) _____ Email _____

Cell Phone _____ Fax _____

Occupation _____ Employer _____ Work Phone _____

Does your company match donations? Yes No

If remarried: Name of Spouse _____ Spouse's Cell Phone _____

Special Interests & Skills _____

Grandmother (Maternal): Living Deceased Title: Dr. Mrs. Ms

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

Grandfather (Maternal): Living Deceased Title: Rabbi Dr. Mr.

Name (First, Middle, Last) _____ Phone _____

Address _____ Email _____

Family Information (continued)

Current Family Synagogue Affiliation and Denomination (e.g. Orthodox, Conservative, etc.) _____

_____ Rabbi _____ Phone _____

Family Situations or Events (Note any that may affect your child this year e.g. new baby, illness, divorce, death)

Miscellaneous Information (Any other information you would like to share about your child)

Other Children in the Family

Name Birthdate School/Occupation Grade

Complete Application Process

Signature of Parent/Guardian _____ **Date** _____

*Please return the completed application with your non-refundable application fee to
Torah Academy, 2800 Joppa Avenue South, St. Louis Park MN 55416*

Documents and Records: To expedite the admission process, please enclose all report cards or a complete transcript from previous/current school(s). If applicable, copies of any educational or psychological testing or IEPs should be submitted with this application no matter how old they are.

Testing: Prospective students may be tested for admission or placement purposes.

Interview: Upon receipt and after review of all materials, we will contact you to arrange an interview.

For Office Use Only

Date received _____ Fee Paid \$ _____ Check Number _____ Date of Check _____

Interview date _____ Decision letter sent _____ Grade placement _____

Entered into JL & PL Family ID _____ Student ID _____ ISD _____

Extended day Mon. ___ p.m. Tue. ___ p.m. Wed. ___ p.m. Thur. ___ p.m. Fri. closing or ___ p.m.