

**APPLICATION FORM**

LE PETIT GAN INTERNATIONAL PRESCHOOL

This form is complete with a \$200 non-refundable application fee and every part of this form completely filled out. For the best chance of securing a spot in the program we recommend you bring a check or cash to cover. The application fee.

**Credit Card #** \_\_\_\_\_  
**Expiration Date** \_\_\_\_\_  
**Security Code** \_\_\_\_\_  
**Billing Zip Code** \_\_\_\_\_

**We can accept this payment through PayPal!**  
[paypal.me/lepetitgan](https://paypal.me/lepetitgan)

Which campus are you applying to?      Beverly Hills      Los Angeles

**Child Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date you would like to join the school: \_\_\_\_\_ Gender:  Male  Female  
How did you hear about Le Petit Gan?

\_\_\_\_\_

Are you willing to volunteer or help in any way?

\_\_\_\_\_

Was your child enrolled in another school? If so, why did you leave?

\_\_\_\_\_

**Please include a photo of your family with this application ♥**

**Parent/Guardian Information**

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
Employed By: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Monthly Income \_\_\_\_\_ Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
Employed By: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Monthly Income \_\_\_\_\_ Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

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List any existing medical conditions, medication and/or special attention your child may require

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Allergies: \_\_\_\_\_

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Do you have a Jewish Affiliation? (Please circle one) (You do not need to be Jewish to attend our schools)

Reform            Traditional            Modern Orthodox            Orthodox

Name of paternal grandparents: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of maternal grandparents: \_\_\_\_\_ Phone: \_\_\_\_\_

Why are you seeking our services?

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How long do you intend to have your child enrolled at Le Petit Gan Preschool?

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List three qualities about your child that you love the most...

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Is there any other information that would be helpful to our management and teaching staff?

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Refer 3 friends or acquaintances that you think might benefit from our program and receive a \$25 discount off this application fee (application fee will be \$175).

Name of referral: \_\_\_\_\_ Contact information (phone/E-Mail) \_\_\_\_\_

Name of referral: \_\_\_\_\_ Contact information (phone/E-Mail) \_\_\_\_\_

Name of referral: \_\_\_\_\_ Contact information (phone/E-Mail) \_\_\_\_\_

**Signatures:** All above statements are true by signing below.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Merci**  
**ותודה רבה**  
**Thank you**