

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 Payl paypal.me/lepetitgan	Pal!
Which campus are you applying to? Bev	verly Hills Los Angeles West Hollywood
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	s application ♥
Parent/Guardian Information	
	M.I. Last Name:
Address:	
	Home Phone: ()
Employed By:	
	Email:
	ed [] Separated [] Widowed [] Other
Father/Guardian First Name:	M.I Last Name:
Address:	
	Home Phone: ()
	Cell Phone: ()
	Email:
	red [] Separated [] Widowed [] Other



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List any existing medical conditions, medication and/or spec	ial attention your child may require
Allergies:	
Do you have a Jewish Affiliation? (Please circle one) (You o	· ·
Reform Traditional Modern Orthodox	Orthodox
What is your family's ethnic background? (Please circle one)	
Native American African American European Middle	Eastern Asian Hispanic/Latino
American Other Prefer not to say	
Why are you seeking our services?	
How long do you intend to have your child enrolled at Le Pe	tit Gan Preschool?
List three qualities about your child that you love the most	
Signatures: All above statements are true by signing belo	W.
Parent's Signature:	Date:
Parent's Signature	Date:

Merci ותודה רבה Thank you