



APPLICATION for Preschool (ages 3-6) ____
and/or Hebrew School (age 6-12) ____

Child's Full Name: _____

DOB: _____ Gender: ____ Home Phone: _____

Home Address: _____

Home Email Address: _____

Father's Name: _____

Occupation: _____ Business Phone: _____

Mother's Name: _____

Occupation: _____ Business Phone: _____

Emergency Contact and Phone Numbers:

1. _____

2. _____

If there is any specific information you would like to share regarding your child, please let us know:

Parent Signature

Your comments on this form and in any subsequent conversation will be kept confidential

A non-refundable \$25.00 application fee will process your child's application. Please make check payable to the Maui Mitzvah Center.

Thank you

Danit Schusterman
Preschool Director

Please mail this application to:
Jewish Montessori of Maui c/o The Maui Mitzvah Center
360 Hoohana Street Suite 208 Kahului, HI 96732
808.249.8770