



**2024-2025 Enrollment Application Form**

*Please fill out one form per child. A \$200 non-refundable application fee must accompany each application.*

Today's Date \_\_\_\_\_

Temple Emanuel Member  Yes  No

**Child Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Pronouns \_\_\_\_\_

Sibling will also be enrolled  Yes  No Sibling's Name \_\_\_\_\_

**Parent/Guardian 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Pronouns \_\_\_\_\_

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Pronouns \_\_\_\_\_

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Your child's age as of 9/1:**

\_\_\_\_\_ Months Old \_\_\_\_\_ Years Old

*\*Priority enrollment is offered to siblings and temple members. After that enrollment is process on a first come, first served basis*

**Please indicate how you would like to pay the application fee:**

- I have enclosed a check
- Please run the credit card\* or ACH account on file, ending with these four digits: \_\_\_\_\_
- I will contact the Temple Office at 301-942-2000 to provide credit card\* or ACH information  
*\*please note that a 3% fee applies when paying by credit card*

Signature \_\_\_\_\_

***This application is a request for enrollment consideration only and not a contract for acceptance.***