



# APPLICATION FOR ENROLLMENT

E.B. Hirsh Early Childhood Center  
Baltimore Hebrew Congregation

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### PLEASE PRINT & FILL OUT COMPLETELY

Child 1: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*First Middle Last Nickname*

Child 2: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*First Middle Last Nickname*

Name & Phone Number of Physician: \_\_\_\_\_

### Parent/Guardian Information:

\_\_\_\_\_  
*Parent/Guardian 1*

\_\_\_\_\_  
*Parent/Guardian 2*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Cell Phone Home Phone*

\_\_\_\_\_  
*Cell Phone Home Phone*

\_\_\_\_\_  
*Occupation*

\_\_\_\_\_  
*Occupation*

\_\_\_\_\_  
*Employer*

\_\_\_\_\_  
*Employer*

\_\_\_\_\_  
*Work Phone*

\_\_\_\_\_  
*Work Phone*

Married     Single     Separated     Divorced     Widowed

Child lives with \_\_\_\_\_

Prior day care attended \_\_\_\_\_

Sibling(s) Name(s)	Date of Birth	School
_____	_____	_____
_____	_____	_____

