



**MANN FAMILY**  
**EARLY CHILDHOOD CENTER**  
*of WILSHIRE BOULEVARD TEMPLE*

Audrey & Sydney Irmas Campus  
 11661 West Olympic Boulevard  
 Los Angeles CA 90064  
 (310) 445-1280 T  
 (310) 445-1283 F

..... Mann Family Early Childhood Center Application .....

**CHILD'S INFORMATION**

Child's First and Last Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARENT'S INFORMATION**

Parent's First and Last Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARENT'S INFORMATION**

Parent's First and Last Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY**

Sibling's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_  
 Sibling's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

**NURSERY SCHOOL**

Are you currently a member of Wilshire Boulevard Temple?  YES  NO  
 Temple committee(s) on which you have served or Adult Education classes you have participated in \_\_\_\_\_  
 Are any of your child's grandparents/great-grandparents members of Wilshire Boulevard Temple?  YES  NO  
 If yes, please give full name(s) \_\_\_\_\_  
 Have any of your children ever attended a Wilshire Boulevard Temple school?  YES  NO  
 If yes, please give the name(s) \_\_\_\_\_ Which program(s)?  Religious School  Elementary School  Nursery School  
 Are you currently or have you in the past attended a Parenting Center Group at Wilshire Boulevard Temple?  YES  NO  
 If yes, which group(s) and when? \_\_\_\_\_

Please understand that this is an **Application Only** and does not enroll your child in our Nursery School. Every applicant to our Nursery School program is required to meet with the Director and to tour the school at the time of application.  
 Application deadline is December 1 for the following Geffen and Keshet sessions, both starting in September. All applications must be accompanied by a non-refundable **\$100** check payable to Wilshire Boulevard Temple. Please include family photo with your application.

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

**FOR OFFICE USE ONLY:** .....

Date received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Tour date \_\_\_\_\_ Temple Member ID/Date \_\_\_\_\_  
 Application for: Year \_\_\_\_\_  Geffen  Keshet  Juniors  Intermediates  Seniors  Geshet