



Application for Admission

Registration will be considered complete when we receive:
Completed application form *and* the \$50.00 non-refundable application fee.

Please make check payable to Congregation Etz Hayim and remit to:
2920 Arlington Boulevard, Arlington, Virginia 22204

Child's Full Name _____

Child's Preferred Name _____

Date of Birth _____ Gender _____ Home Phone _____

Address _____

1) Parent/Guardian Full Name _____

Address Same as Child Different Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

2) Parent/Guardian Full Name _____

Address Same as Child Different Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Program Desired (Circle One) 2 Days 3 Days 4 Days 5 Days

Member of Congregation Etz Hayim Yes No If Yes, Date of Membership _____

Parent/Guardian Signature _____ Date _____