

## First Taste Program Application

### Student Information

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Does your child have previous Jewish Education?  Yes  No

If yes, please describe: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in your family?  Yes  No If Yes please describe:

Any considerations, such as learning disorder or difficulty, the school should be aware of? (*Confidential*):

Is your child Potty Trained?  Yes  No

### Parent Information

Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

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



**Payment Options**

Visa       Mastercard       Discover

Card number \_\_\_\_\_

Expiration \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Check       Cash

Please return application to:

First Taste Program  
1716 Cape Coral Pkwy W  
Cape Coral FL 33914