JCCEastBay
Jewish Community Center of the East Bay

Transitional Kindergarten After School (TKAS) Application Form

(A $50.00 **non-refundable** application fee **must** accompany this form.) Today's Date: _____

Child's Name: _____ Sex: M / F Birth date: _____

Street Address: _____ City: _____ Zip: _____

Parent's Name: _____ Parent's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

I am applying for: (check only those that apply) **[ ] 2018** **[ ] 2019** **[ ] 2020**

I wish to enroll for the following:

[ ] Transitional-K Afternoon Older 4 year olds and young 5 year olds: **1:30pm-6pm (M-F): $836 per month**

[ ] Transitional-K Afternoon Older 4 year olds and young 5 year olds**: 2:30pm-6pm (M-F): $725 per month**

What school will your child attend? _____

Time of Dismissal:	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
	_____	_____	_____	_____	_____

Does your child have any special needs we should be aware of? _____

How did you hear about the JCC Preschool? _____

Does your child have any siblings? If so, what age? _____

Is your child a sibling of a current or prior enrollee? _____

Are any of your child's friends currently enrolled or applying? _____

Are you applying for financial aid? _____

Are you a current member of the JCCEB? [ ] Yes [ ] No

How would you describe your connection to Jewish life? _____

_____

Any other information you wish to share? Please use back if needed. _____

_____

Please return this form to Candace Goodwin, ECE Programs Administrator

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