

Early Childhood Education 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:

Zayit/Gefen 2.0 years by September 1st with 2.5 or 5 day (9-1pm) option

Alon 3.0 years by September 1st with a 5 day (9-1pm) option only

Rimon 4.0 years by September 1st with 5 day (9-1pm) option only

Extended Care Programs May enroll in any extended care program, minimum of 3 days

Please indicate the schedule you prefer:

Early AM (8-9am) Care: Monday Tuesday Wednesday Thursday Friday

Preschool (9-1pm): Monday Tuesday Wednesday Thursday Friday

Extended Care (3:30pm): Monday Tuesday Wednesday Thursday Friday

Extended Care (6:00pm): Monday Tuesday Wednesday Thursday Friday

If extended care is needed, will your child be napping? _____

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? _____