



## 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 Birthdate: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Current Age \_\_\_\_\_ Years \_\_\_\_\_ Months

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)  2009  2010  2011

### I wish to enroll for the following:

- Kitah Alef** 2.0 years by September 1<sup>st</sup> with 2, 3, or 5 day options
- Kitah Bet** 3.0 years by September 1<sup>st</sup> with a 5 day option only
- Kitah Gimmel Dalet** 4.0 years by September 1<sup>st</sup> with 5 day option only
- Bridge-K** Older 4 year olds and young 5 year olds
- Extended Care Programs** Children may enroll in any of the extended care programs at a minimum of 3 days per week.

### Please indicate the schedule you prefer:

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

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

**Extended Care 3:30pm:**  Monday  Tuesday  Wednesday  Thursday  Friday

**Extended Care 5:30pm:**  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? \_\_\_\_\_

Is your child a sibling of a current or prior enrollee? \_\_\_\_\_

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

Are you a current member of the JCCEB?  Yes  No

How would you describe your connection to Jewish life? \_\_\_\_\_