



Office Use: Date Received _____

INITIAL APPLICATION

2s

School Year _____

CHILD'S NAME: _____
First Middle Last Nickname, if applicable

DATE OF BIRTH: _____ GENDER: M F

HOME ADDRESS: _____ HOME PHONE #: _____

PARENT 1 NAME: _____ PARENT 2 NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

HOME PHONE #: _____ HOME PHONE #: _____

CELL # _____ CELL # _____

CELL PHONE CARRIER _____ CELL PHONE CARRIER _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

PARENT 1 OCCUPATION: _____ PARENT 2 OCCUPATION: _____

Please check one:

- _____ Currently enrolled in The Preschool Place
- _____ New Applicant
- _____ Alumni Family of The Preschool Place Alumnus' Name _____ Year(s) attended _____

Other schools your child has attended _____

Members of Temple Sholom? _____ As of: _____

Please check if your child has attended the programs below at The Preschool Place:

Pathway to Preschool _____

How did you learn of our school? (If a specific person, please enter name and address of that person)

Registration for Preschool Class

Mark 1st and 2nd preference. Please remember that there is no guarantee that preference will be given. (All classes are based on enrollment.)

****2 Year Old (Must be 2.5 by October 1st)****

HALF DAY PROGRAMS 9:00-11:30

2 Day AM T/Th _____

3 Day AM M/W/F _____

5 Day AM M-F _____

FULL DAY PROGRAMS 9:00-2:30

2 Day T/Th _____

3 Day M/W/F _____

5 Day M-F _____

Please enroll my child in Mazel Tots (Jewish Education) (Friday 11:30-12:30) _____

EARLY DROP OFF 7:00-9:00AM (Please check days needed)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

EXTENDED DAY (KIDS CLUB) 2:30-6:00PM (Please check days needed)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I acknowledge and agree that the registration fee is non-refundable _____
Initial

Please return this form and a \$100.00 registration fee (check made payable to The Preschool Place and Kindergarten at Temple Sholom).

Date

Parent's Signature