



## 5779 / 2018-19 ENROLLMENT FORM

Child's Name: \_\_\_\_\_

(Last)                      (First)                      (Middle)                      (Hebrew)

Check one:     **Toddler**                       **Preschool 3's**                       **Preschool 4's**                       **Pre-K**

*2 or more days*                      *3 day option Mon, Wed & Fri*                      *Mon—Fri only*                      *Mon—Fri only*

**All options are subject to availability and will be honored on a first-come, first-serve basis.**

<p><b>Preschool Program 9:00AM—12:30 PM</b> <i>Choose from the following options</i></p> <p><input type="checkbox"/> Monday through Friday</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p>
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<p><b>Early Care 8:00—9:00 AM</b> <i>Choose from the following options</i></p> <p><input type="checkbox"/> Monday through Friday</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p>
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<p><b>After Care &amp; Specials 12:30—3:30 PM</b> <i>Choose from the following options</i></p> <p><input type="checkbox"/> Monday through Friday</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday (November—February, ends 3:00 PM)</p>
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<p><input type="checkbox"/> <b>Full Time:</b> <b>Monday—Friday*</b> <b>8:00 AM—3:30 PM</b></p> <p>*Friday ends at 3:00 PM, November—February.</p>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***We Specialize in Happy Children!***



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Check here if your child was registered in 5778 and all info remains the same. If yes, there is no need to fill out this page.

Sign this page below and return with the \$100.00 deposit.

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Hebrew)

Date of Birth: \_\_\_\_\_ Hebrew Birthday: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

E-mail for School Communications: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_  
(Name) (Phone Number) (Relation)

Emergency Contact 2: \_\_\_\_\_  
(Name) (Phone Number) (Relation)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return signed registration form along with a \$100 non-refundable registration fee.*

For Office Use Only:

Date Submitted	Payment Type	Start Date
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