



SOUTHERN MARIN JEWISH COMMUNITY PRESCHOOL

A COLLABORATIVE PARTNERSHIP BETWEEN THE JCC & KOL SHOFAR

2008-09
Enrollment
Application



Child's Name _____ M F Birthdate _____

Address _____ City _____ Zip _____ Phone # _____

Parent Name _____

Address _____

Phone (w) _____ Cell _____

Email _____

Parent Name _____

Address _____

Phone (w) _____ Cell _____

Email _____

Why is a Jewish early childhood program important to your family? _____

New applicants, please include a one time, non-refundable administrative fee of \$100 per child for enrollment.

All applicants, please check one:

I have already paid this fee for the above mentioned child for a previous ECE program.

My payment is attached: Check # _____ or VISA/MC# _____ Exp. _____

How did you hear about our school? _____

Toddler (2 year-olds):

2-day program: Tue/Thurs

9am-1pm

Extended Day Program; 9am-3pm

Preschool (3-4 year-olds):

3-day program: Mon, Wed & Fri

9am-1pm

Extended Day Program; 9am-3pm

5-day program: Mon-Fri

9am-1pm

Extended Day Program; 9am-3pm

Drop-in Care for Toddler & Preschool (as available) 8-9am & 1-3pm

Registration Priority (Check all that apply):

Currently enrolled in an Osher Marin JCC Early Childhood Education program other than "Side by Side"

Legacy: an immediate family member attended our preschool:

Name _____ Dates of attendance _____

Have been on the waitlist and space was never available

Parent works full time for a Jewish Community agency at _____

Current JCC member number? _____

Current synagogue member? If yes, which one: _____

All individuals are encouraged to participate in Osher Marin JCC programs regardless of age, sex, race, religious background or disability. Scholarships for Early Childhood Education are available for families unable to pay the full tuition. Contact the Early Childhood Education office for more information. Scholarship applications are due on Feb. 15, 2008. It is the responsibility of every individual, parent or legal guardian to provide his/her own accident and health coverage while participating in all JCC activities.

Signature _____ Date _____

MAILING: **OSHER MARIN JCC** | 200 NORTH SAN PEDRO ROAD, SAN RAFAEL | **415.444.8046** | **WWW.MARINJCC.ORG**

SCHOOL ADDRESS: **CONGREGATION KOL SHOFAR** | 215 BLACKFIELD DRIVE, TIBURON | **415.388.1409** | **WWW.KOLSHOFAR.ORG**