

Registration opens in January. Priority will be given to currently enrolled and legacy families.

I intend to apply for Financial Aid. Applications due by FEBRUARY 15th: marinjcc.org/earlychildhood/admissions. Completed tax return must be included for consideration. Contact Doris Simon for more information: dsimon@marinjcc.org.

Child's name _____	M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate _____
Address _____	City _____	Zip _____
Parent/Guardian Name _____	Parent/Guardian Name _____	
Address _____	Address _____	
Phone (work) _____ Cell _____	Phone (work) _____ Cell _____	
Email _____	Email _____	
How did you hear about our school? _____		

TODDLER PROGRAMS *(Nitzanim and Keshet)*

18 mos. *(by 9/1/19)*

2 years *(by 9/1/19)*

PRESCHOOL PROGRAMS *(Aleph, Beyt & Gimel)*

Aleph 3 years *(by 9/1/19)*

Beyt/Gimel 4-5 years *(by 9/1/19)*
(These programs are 5 days only)

EXTENDED CARE OPTIONS *(3-day minimum)*

Days	M	T	W	Th	F
7:30am - 9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1pm - 3pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3pm - 6pm*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Contingent upon minimum enrollment

CHOOSE YOUR PREFERRED 3 - 5 DAYS

M	T	W	Th	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMER PROGRAMS

Information about our Summer Programs will be included in your Enrollment Packet.

PAYMENT INFORMATION

For NEW APPLICANTS ONLY, please include a one time, non-refundable administrative fee of \$100 per each new child.

Please check one: CHECK # _____

Visa/MC # _____ Exp. Date _____

Name on Card _____

Priority Enrollment check all that apply:

___ Currently enrolled at the JCC Preschool San Rafael or JCC Preschool Tiburon

___ Current Osher Marin JCC member

___ Legacy Family: Name _____

___ Parent works full-time for a Jewish Agency: _____

All individuals are encouraged to participate in Osher Marin JCC programs regardless of age, sex, race, religious background or disability.

Parent/Guardian Signature _____ Date _____