

FINANCIAL AID: I intend to apply for Financial Aid. Applications due by FEBRUARY 15th with completed tax return.
APPLY HERE: marinjcc.org/preschool

Child's name _____ M F 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? _____

PRESCHOOL PROGRAMS

These programs are 5 days only

- Nevatim** 2 years (by 9/1/21)
- Shorashim** 3 years (by 9/1/21)
- Ilanot/Etzim** 4 -5 years (by 9/1/21)

SUMMER PROGRAMS

Check website for information

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 _____

SCHEDULE

Hours
9am - 1pm

Priority Enrollment check all that apply:

- Currently enrolled at the JCC Preschool San Rafael or JCC Preschool Tiburon
- Legacy Family: Name _____
- Current Osher Marin JCC member
- Parent works full-time for a Jewish Agency: _____

The Osher Marin JCC welcomes all individuals regardless of race, color, religion, gender, gender expression, national origin, disability or sexual orientation.

Parent/Guardian Signature _____ Date _____