

Choose site: ☐ **MILL VALLEY** ☐ **SAN RAFAEL**

☐ **FINANCIAL AID:** I intend to apply for Financial Aid and understand that applications must be submitted by February 15th with a completed tax return in order to be considered. APPLY HERE: www.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? _____

Year-Round Preschool
August 17, 2027 – July 27, 2028

THESE PROGRAMS ARE 5 DAYS ONLY.

CHOOSE SCHEDULE

Schedule options are contingent upon availability.

☐ Half day: 9 AM – 1 PM

☐ Full day: 8 AM – 5 PM

CHOOSE AGE GROUP

Must be age by August 17, 2027.

☐ Toddlers (18 to 24 months)

☐ 2s

☐ 3s and 4s

SUBMITTING YOUR APPLICATION

For NEW APPLICANTS ONLY, please include a
one-time, non-refundable
administrative fee of \$150 per each new child.

☐ Check # _____ (Make check payable to OMJCC)

☐ Visa/MC # _____

Exp. Date _____ CVV: _____

Name on card:

PRIORITY ENROLLMENT. CHECK ALL THAT APPLY.

☐ Currently enrolled at the JCC Preschool

☐ Legacy Family Name: _____

☐ JBaby Participant (Side by Side, JymBabies, AquaBabies, MusicBabies, etc.)

☐ 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 submitted _____

To submit your application, download, complete and email to: kpersily@marinjcc.org