



of Temple Emunah

PRE-SCHOOL APPLICATION FORM

(FOR CHILDREN BETWEEN THE AGES OF 2.9 - 5 YEARS)

Child's Name _____ Today's Date _____
 Hebrew Name _____ Nickname _____ Gender _____
 Date of Birth _____ Age (as of 8/30/08): Years _____ Months _____
 Address _____ Zip _____
 Home Phone () _____ Alternate Phone () _____
 Email Address(es) _____

Mother's Name _____ Occupation _____
 Father's Name _____ Occupation _____
 Guardian's Name (if different from parents) _____ Occupation _____
 Home Address and Phone _____
 Business Address Phone _____

Child lives with: Mother _____ Father _____ Both Parents _____ Guardian _____
 Siblings (names & ages) _____

Any information that the school should know about your child?

Child's Doctor _____ Phone () _____

Member of Temple Emunah? Yes _____ No _____
 If not, please list synagogue affiliation, if applicable _____

How would you be willing to volunteer: (e.g. room parent, fund-raising, special projects, cooking, shopping, data entry, carpentry, etc.)

ENROLLMENT

9AM to noon _____ 3-day program (M,W,F) (ages 2.9 - 3 only)
 9AM to noon _____ 5-day program

"Extra Hours" programming is available 8AM - 9AM, daily and noon - 3:30PM, Monday - Thursday. Contracts for this programming will be mailed in June.

There is a **non-refundable** Pre-School Application Fee of \$25.00 for Temple Emunah Members or \$50.00 for non-members. Please enclose check made payable to "Temple Emunah/Pre-School" with this application form.