



**Shir Hadash
Early Childhood Center**

APPLICATION FOR ADMISSION

STUDENT INFORMATION

To be completed by parent or guardian

Applying to enter: 2 year old 3 year old 4 year old in _____, 20 ____

For 3 and 4 year olds, Children must be the age of the class by December 31st. Children must be 2 years old by their entry date.
Month

Student's Name _____
First Middle Last

Preferred Name/Nickname _____ Male Female

Date of Birth _____ Place of Birth _____
Month Day Year

Student's Home Address _____
Street City Zip

Applicant's Home Phone _____

Applicant lives with: Parents Mother Father Other (please specify) _____

FAMILY INFORMATION

GUARDIAN / PARENT 1

Please circle:
Mr./Mrs./Ms./Dr./Rabbi

First Last

Relationship: Father Stepfather
 Mother Stepmother
 Other(specify) _____

Home Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Work Phone _____

GUARDIAN / PARENT 2

Please circle:
Mr./Mrs./Ms./Dr./Rabbi

First Last

Relationship: Father Stepfather
 Mother Stepmother
 Other(specify) _____

Home Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Work Phone _____

Marital Status:

Married Single Divorced Separated Widowed

over please

Other Children in the Family

Name _____ Date of Birth _____ Sex _____ Grade _____

Name _____ Date of Birth _____ Sex _____ Grade _____

Name _____ Date of Birth _____ Sex _____ Grade _____

Is your family a member of Congregation Shir Hadash? yes no

Is your child currently enrolled in Shir Hadash Early Childhood Center? yes no

SCHOOL INFORMATION

Current School _____ Current Placement _____

School Director/Head _____

School Phone _____

SCHEDULE SELECTION

- 3 days – Monday, Wednesday, Friday
- 2 days – Tuesday, Thursday
- 5 days
- full day - 7:00 am to 6:00 pm
- half day - 8:30 am to 1:00 pm

A non-refundable application fee of \$100.00 must accompany this form. This fee does not apply to tuition.

In the case of separation or divorce, it is necessary for the Center to have the signatures of both legal parents.

Signature _____ Date _____

Signature _____ Date _____

Please mail completed application and \$100.00 application fee to:

Robin Adelman, ECC Director
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www.shecc.org