



# SHIR HADASH EARLY CHILDHOOD CENTER

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

To be completed by parent or guardian

Applying to enter in \_\_\_\_\_, 20\_\_ for a  2 year old  3 year old  4 year old  Junior Kindergarten  
month

For 3 and 4 year olds, Children must be the age of the class by December 31<sup>st</sup>. Children must be 2 years old by their entry date. Junior Kindergarten must be 5 years old by December 31<sup>st</sup>.

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 (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

Does either parent/guardian identify as being Jewish? (optional)  yes  no

**SCHOOL INFORMATION**

Current School \_\_\_\_\_ Current Class Placement \_\_\_\_\_

School Director/Head \_\_\_\_\_

School Phone \_\_\_\_\_

**SCHEDULE SELECTION**

3 days – Monday, Wednesday, Friday

full day - 7:00 am to 6:00 pm

2 days – Tuesday, Thursday

half day - 8:30 am to 1:00 pm

5 days (Junior K must enroll 5 days)

enrichment day (Junior Kindergarten only) – 8:30 am to 3:00 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  
Shir Hadash Early Childhood Center  
20 Cherry Blossom Lane  
Los Gatos, CA 95032  
408-358-1751 ext. 115  
[robin@shirhadash.org](mailto:robin@shirhadash.org)  
[www.shecc.org](http://www.shecc.org)