



# 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**

- 4 days – List days \_\_\_\_\_
- 3 days – Monday, Wednesday, Friday  full day - 8:30 am to 4:30 pm
- 2 days – Tuesday, Thursday  half day - 8:30 am to 1:00 pm
- 5 days-Monday through Friday

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 \_\_\_\_\_

First month’s tuition must be paid prior to start date.

Please mail completed application to:

Janet Cannon, ECC Site Supervisor  
 Shir Hadash Early Childhood Center  
 20 Cherry Blossom Lane  
 Los Gatos, CA 95032  
 Janet@shirhadash.org  
 408-358-1751 ext. 115  
 www.shecc.org