



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 TK
month

Children must be 2 years old by their entry date.

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./Mx./Dr./Rabbi Pronouns: _____

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./Mx./Dr./Rabbi Pronouns: _____

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

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 return completed application to:

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