



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.

Child's Name _____
First Middle Last

Preferred Name/Nickname _____ Male Female

Date of Birth _____ Place of Birth _____
Month Day Year

Child's Home Address _____
Street City Zip

Child's Home Phone _____

Child's lives with (please specify): _____

FAMILY INFORMATION

Please circle: **GUARDIAN / PARENT 1**
 Mr./Mrs./Ms./Mx./Dr./Rabbi Pronouns: _____

First Last

Relationship to child: Father Stepfather
 Mother Stepmother
 Other(specify) _____

Home Address _____

What does your child call you? _____

Home Phone _____

Cell Phone _____

Email Address _____

Work Phone _____

Please circle: **GUARDIAN / PARENT 2**
 Mr./Mrs./Ms./Mx./Dr./Rabbi Pronouns: _____

First Last

Relationship to child: Father Stepfather
 Mother Stepmother
 Other(specify) _____

Home Address _____

What does your child call you? _____

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

3 days – Monday, Wednesday, Friday

4 days – List days _____

5 days – Monday through Friday

full day - 8:30 am to 4:30 pm

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

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

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

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