



SHIR HADASH EARLY CHILDHOOD CENTER

APPLICATION FOR ADMISSION

Office Use Only:

Database

Tags

Classlist

Email

Admission Agreement

ParentSquare

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 5 year old
month

Children must be 2 years old by their entry date.

Child's Name _____
First Middle Last

Preferred Name/Nickname _____

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 _____

Marital Status:

- Married Single Divorced Separated Widowed

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 _____

Office Use Only:

Received on _____

Paid \$ _____

Paid Via _____

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 – Circle Days:
Mon Tues Wed Thur Fri
- 5 days-Monday through Friday
- half day - 8:30 am to 1:00 pm
- full day - 8:30 am to 4:30 pm
- Extended Care: Early morning - 7:00 am to 8:30 am
- Extended Care: Late afternoon - 4:30 pm 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 and all paperwork must be completed prior to your 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