



JCC Kindergarten Program ENROLLMENT APPLICATION

Please return this completed form
with a \$200 non-refundable deposit.

FOR OFFICE USE ONLY
DATE OF APPLICATION

\$200 Non-refundable and
Non-Transferable Deposit
Date Rcv'd

Child's Name: _____ Birth Date: _____

Religious Affiliation: (for statistical purposed only) Jewish Other

Mother's Name: _____ Birth Date: _____

Home Phone: _____ Cell: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Occupation: _____ Religious Affiliation: (for statistical purposed only) Jewish Other

Father's Name: _____ Birth Date: _____

Home Phone: _____ Cell: _____ Email: _____

Address: (If different) _____ City _____ State _____ Zip _____

Occupation: _____ Religious Affiliation: (for statistical purposed only) Jewish Other

JCC Kindergarten is a five day, ten month program. Choice of: Full-Day Half-Day (9am-1pm)

Has your child had previous group experience? No Yes (if yes, please explain)

Briefly describe your child and the kind of program for which you are looking:

How did you hear about Beverly Levy?

JCC Family Membership is an added benefit to enrollment in Beverly Levy!

Are you and your family currently JCC members? yes no

If no, please fill out information for **other** family members below.

(Up to age 18 or 22 if full-time student. Valid student ID required)

First Name	Initial	Last Name	M/F	Birth Date (M/D/Y)	Religious Affiliation	Email
_____	_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	_____	____/____/____	_____	_____

I understand I must carry and present a JCC ID when using some JCC facilities. I am aware that facility hours are subject to change without notice. Membership is valid while actively enrolled in Beverly Levy.

Member Signature _____ Date _____