



Infant/Toddler & Preschool ENROLLMENT APPLICATION

Please return this completed form with a \$50 non-refundable application fee

FOR OFFICE USE ONLY
DATE OF APPLICATION

Half-day Full-day
 \$50 FEE

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

12 month program options include **three, four or five** days. Part-day options available for preschool program only.
Preferred Days MON TUE WED THU FRI

Hours: _____ Starting Date Requested _____

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 _____