



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: _____ Nickname: _____ Birth Date: ____/____/____

Male Female Religious Affiliation: (for statistical purposes only) Jewish Other Decline

Mother's/Guardian's Name: _____ Email: _____

Cell: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Father's/Guardian's Name: _____ Email: _____

Cell: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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

12 month program options include **three, four** or **five** days. Partial day options are 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 the Beverly Levy Early Learning Center? _____

JCC Family Membership is an added benefit to enrollment in the Beverly Levy Early Learning Center!

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

Member Signature _____ Date: ____/____/____