



# 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: \_\_\_\_\_ 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

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_