

BRJCC PRESCHOOL APPLICATION FORM

The Berkeley Richmond Jewish Community Center

1414 Walnut Street, Berkeley, CA 94709 Phone (510) 848-0237 Fax (510) 848-0170

(A **\$50.00 non-refundable** application fee **must** accompany this form) Today's Date: _____

Child's name _____ Sex: M / F Birthdate: _____

Street Address _____ City _____ Zip _____

Current Age _____ Years _____ Months

Parent's name _____

Parent's name _____

Home Phone: (_____) _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Work Phone: (_____) _____

email: _____

email: _____

I am applying for: (check only those that apply)

The First Opening Possible

July 20 _____

September 20 _____

Other _____

I wish to enroll for the following:

Kitah Alef - 2.0 - 2.8 years with **3, 4, or 5 day options**

Kitah Bet - 2.9 - 3.9 years with **5 day option only**

Kitah Gimmel Dalet - 4.0 - 5.6 years with **5 day option only**

Extended Care Programs - Children may enroll in any of the extended care programs at a minimum of 3 days per week.

Please indicate the schedule you prefer:

Early AM (8-9am) Care: Monday Tuesday Wednesday Thursday Friday

Preschool (9am-1pm): Monday Tuesday Wednesday Thursday Friday

Extended Care 3:30 pm: Monday Tuesday Wednesday Thursday Friday

Extended Care 5:30 pm: Monday Tuesday Wednesday Thursday Friday

Does your child have any special needs we should be aware of? _____

How did you hear about the BRJCC Preschool? _____

Are any of your child's friends currently enrolled or applying? _____

Have you observed our program? _____ If not, please call to set up an observation date

Are you a current member of the BRJCC? YES NO

THANK YOU FOR YOUR APPLICATION!