**Temple Ahavat Shalom**

**Early Childhood Education Center**

 **18200 Rinaldi Place, Northridge 91326**

 **Tessa Cramer, ECEC Director (818) 360-2258 x303**



**ECEC APPLICATION 2019/2020**

**CHILD’S INFORMATION**

**Child’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Male Female Other Prefer not to say (circle) New/Returning (circle)

**PARENT 1 INFORMATION**

Parent 1 Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_Dr. \_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_

**Application 2019-2020**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT 2 INFORMATION**

Parent 2 Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_Dr. \_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIBLING INFORMATION**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

Are you a current member of TAS? \_\_\_\_Yes \_\_\_\_ No Date Joined\_\_\_\_\_\_\_\_\_

Are the child’s grandparents members \_\_\_\_Yes \_\_\_\_ No Date Joined\_\_\_\_\_\_\_\_\_

If yes, what are their names?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children in the Hebrew School? \_\_\_\_\_Yes \_\_\_\_No

Do you belong to another Temple? If so, which Temple?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like my child to start in the ECEC on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_**

Please see other side

Please Indicate the Days and Hours Your Child will be Enrolled:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | School Hours9:00-12:30 (1:00 for Pre-K) | Extended Day9:00-3:00 | Late Day9:00-6:00 | Early drop off7:15-9:00 a.m. |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

Please Indicate Payment Method:

* I will pay the annual tuition in full on or by August 1, 2019
* I will make 10 monthly payments beginning July 1, 2019 and ending April 1, 2020

**Enclosed is my payment for $200. This is an annual non-refundable application deposit and will be applied to my child’s April 2020 payment.**

**If my child is not enrolled in April 2020, this deposit will be forfeited. Forms will not be accepted without this payment.**

**I understand that I must give 30 days written notice if I choose to withdraw my child from the program.**

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY Date Received\_\_\_\_\_\_\_Check No.\_\_\_\_\_\_\_\_\_ Enrolled Y N**

Please note:

* Late pick up will be billed in half-hour increments at $12 per hour.
* Returned checks will incur a $25 fee
* **You must return the enclosed payment form indicating ACH or credit card to be charged**

