



# 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

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

By checking this box, and typing my name, I am electronically signing this form.