

The Amy Gail Buchman Congregation Schaarai Zedek  
Preschool and Child Development Center

**Application for Admission**

Desired Start Date \_\_\_\_\_

Fill out one application form per child and return along with the application fee.

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian's Email: \_\_\_\_\_ Father/Guardian's Email: \_\_\_\_\_

\*Priority on the wait list is first given to siblings of children currently enrolled, alumni families and Temple Congregants.

\_\_\_\_\_ CHECK HERE IF YOU ARE A MEMBER OF CONGREGATION SCHAARAI ZEDEK  
\_\_\_\_\_ Sibling/Alumni

**PROGRAM CHOICES**

PROGRAM SELECTION: Find the program appropriate for your child's age. (Your child must reach the qualifying age by September 1<sup>st</sup>.) Place a check mark in the box for the program in which you would like your child enrolled. Please note: All age groups have full time care. Toddler, 2, and 3 year olds and Pre-kindergarten children may attend 9am – 12 pm, 9am – 3pm, 8am – 2 pm, 8:30am- 2:30pm, or 7am – 6pm. Please check the appropriate program choice listed below as days vary for different age groups.

SUMMER: JUNE \_\_\_\_\_ JULY \_\_\_\_\_ Full Summer \_\_\_\_\_

AGES	Times	Tues/Thurs	M/W/F	M-F
INFANT	7-6			
TODDLER.	9-12			
	9-3 / 8-2			
	7-6			
2 YRS	9-12			
	9-3 / 8-2			
	7-6			
3 YRS	9-12			
	9-3 / 8-2			
	7-6			
PRE – K	9-12			
	9-3 / 8-2			
	7-6			

SCHOOL YEAR: AUGUST – MAY \_\_\_\_\_

AGES	Times	Tues/Thurs	M/W/ F	M-F
INFANT	7-6			
TODDLER.	9-12			
	9-3 / 8-2			
	7-6			
2 YRS	9-12			
	9-3 / 8-2			
	7-6			
3 YRS	9-12			
	9-3 / 8-2			
	7-6			
PRE – K	9-12			
	9-3 / 8-2			
	7-6			

MOTHER/GUARDIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

FATHER/GUARDIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\$75.00 Non-Refundable Application Fee

Check # \_\_\_\_\_ Credit Card \_\_\_\_\_