

**THE AMY GAIL BUCHMAN PRESCHOOL
AT CONGREGATION SCHAARAI ZEDEK**

Application for Admission

Desired Start Date _____

- PRINT LEGIBLY to receive all updates & notifications.
- Complete one application per child and return with the \$75.00 Non-Refundable Application Fee

Child: (first) _____ (Last) _____ Male _____ Female _____ Birth/Due Date: ____/____/____

Parent: _____ Occupation _____ Work Phone: _____

Address: _____ City/Zip: _____ Cell Phone: _____

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Address: _____ City/Zip: _____ Cell Phone: _____

Parent's Email: _____ Parent's Email: _____

*Priority on the waitlist is given to siblings of children currently enrolled, Temple Members, and alumni families.

*CURRENT MEMBER OF CONGREGATION SCHAARAI ZEDEK; Yes _____ No _____

*Sibling(s) currently attending: _____

*Alumni (name & last yr. attended): _____

PROGRAM CHOICES

PROGRAM SELECTION: Find the program appropriate for your child's age. (Your child must reach the qualifying age by September 1st.) Place a check in the box of the program you would like your child enrolled. Program choice (days/times) is dependent on availability at each age level. New children start in June (based on availability). You may select different days/times for the Summer and School Year.

SUMMER: (JUNE & JULY)

AGES	Times	Tues/Thurs	M/W/F	M-F
TODDLER.	9-12/12:30			
	9-3			
	7-6			
2 YRS	9-12/12:30			
	9-3			
	7-6			
3 YRS	9-12/12:30			
	9-3			
	7-6			
PRE – K	9-12/12:30			
	9-3			
	7-6			

SCHOOL YEAR: (AUGUST – MAY)

AGES	Times	Tues/Thurs	M/W/ F	M-F
TODDLER.	9-12/12:30			
	9-3			
	7-6			
2 YRS	9-12/12:30			
	9-3			
	7-6			
3 YRS	9-12/12:30			
	9-3			
	7-6			
PRE – K	9-12/12:30			
	9-3			
	7-6			

PARENT'S SIGNATURE: _____ Date: _____