

## Temple Emanuel Early Childhood Center Application Form

*Please fill out one form per child. A \$75 non-refundable application fee must accompany each application.*

Today's Date \_\_\_\_\_

Temple Emanuel Member  Yes  No

### **Child Information**

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

Birth Date \_\_\_\_\_  Male  Female

Sibling will also be enrolled  Yes  No      Sibling's Name \_\_\_\_\_

### **Parent/Guardian 1**

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

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Parent/Guardian 2**

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

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Check the program and hours for which you wish to apply:**

**12 Month Enrollment** (Sept – Aug)     **10 Month Enrollment** (Sept – June)

#### **Two Year Olds** (2 by 9/1)

- Full-Day 7:30 – 6:00
- Part-Day 9:00 - 3:00\*

#### **Three Year Olds** (3 by 9/1)

- Full-Day 7:30 – 6:00
- Part-Day 9:00 – 3:00\*

#### **Four Year Olds/Pre-K** (4 by 9/1)

- Full-Day 7:30 – 6:00
- Part-Day 9:00 – 3:00\*

*\*Registration consideration first goes to currently enrolled students. After that, priority will be given to siblings and Temple members enrolling for our Full-Day (7:30 – 6:00) program. If space is available, applicants will be accepted for the Part-Day (9:00 – 3:00) program.*

### **Please indicate how you would like to pay:**

- I have enclosed a check
- Please run the Credit Card or ACH Account on file, ending with these four digits: \_\_\_\_\_
- I will contact the Temple Office at 301-942-2000 to provide credit card or ACH information

Signature \_\_\_\_\_

***This application is a request for enrollment only and not a contract for acceptance.***