

## Temple Emanuel Early Childhood Center Application Form

Please fill out one form per child. A \$100 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 age group for which you wish to apply:**

\_\_\_ 12 Month Enrollment (Sept – Aug)      \_\_\_ 10 Month Enrollment (Sept – June)

\_\_\_ **Two Year Olds** (2 by 9/1)    \_\_\_ **Three Year Olds** (3 by 9/1)    \_\_\_ **Four Year Olds** (4 by 9/1)

*Registration consideration first goes to currently enrolled students.  
After that, priority will be given to siblings and Temple members.*

### **Please indicate how you would like to pay the application fee:**

\_\_\_ 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

*\*please note that a 2.5% fee applies when paying by credit card*

Signature \_\_\_\_\_

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