

Shir Hadash Early Childhood Center

20 Cherry Blossom Lane, Los Gatos, CA 95032

408-358-1751 ext. 115

Robin Adelman, Director

robin@shirhadash.org

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Household #1 \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers - Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Household #2 \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers - Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Is your family a member of Congregation Shir Hadash? yes no

Class selection:  3 days - Monday, Wednesday, Friday

5 days

2 days - Tuesday, Thursday

Time selection:  8:30 - 6:00 (full day)

8:30 - 1:00 (part day)

A non-refundable application fee of \$100.00 must accompany this form. This fee does not apply to the child's tuition if the child is accepted to Center.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_