

The Gan 2024-2025 School WAIT LIST Application

Thank you for your interest in The Gan at Temple Sinai. To include your family on our waitlist please complete this application and return it to The Gan. You can return via email addressed to Laura@templesinai-sarasota.org.

Must be age by September 1	st				
Applying for: Tziporim (15 months) Shoshanim ((2 years)Parparim (3 years) Devorim – VPK (4 years)			
Our program is a M-F 5 day	option only.				
PLEASE PRINT CLEAF	RLY				
Child Information:					
First:	Middle:	Last:			
Date of Birth:	🗆 Boy 🗆 Girl	With whom does the child live?			
Anticipated T-shirt size: (circl	e) 2T 3T 4T 5T				
Parent/Guardian Inform	nation:				
Parent's Name		Parent's Name			
Address		Address			
City	St Zip	City St Zip			
Home phone		Home phone			
Cell		Cell			
Email		Email			
Work Place		Work Place			
Work Phone		Work Phone			
Parent Signature:		Date:			



Must be age by September 1st

The Gan 2025-2026 School WAIT LIST Application

Thank you for your interest in The Gan at Temple Sinai. To include your family on our waitlist please complete this application and return it to The Gan. You can return via email addressed to Laura@templesinai-sarasota.org.

Applying for: Tziporim (15 months) Shoshanim (2 years) Parparim (3 years) Devorim – VPK (4 years)								
Our program is a M-F 5 day option only.								
PLEASE PRINT CLEARLY								
Child Information:								
First: M	liddle:	Last:						
Date of Birth:	□ Boy □ Girl	With whom does the child live?						
Anticipated T-shirt size: (circle) 2T 3T 4T	5T							
Parent/Guardian Information:								
Parent's Name		Parent's Name						
Address								
City St Zip_								
Home phone								
Cell		Cell						
Email		Email						
Nork Place		Work Place						
Work Phone		Work Phone						
Parent Signature:		Date:						
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Must be age by September 1st

The Gan 2026-2027 School WAIT LIST Application

Thank you for your interest in The Gan at Temple Sinai. To include your family on our waitlist please complete this application and return it to The Gan. You can return via email addressed to Laura@templesinai-sarasota.org.

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Applying for: _	Tziporim (15 months)	Shoshanim (2 years) _	Parparim (3 years	s)	Devorim – VPK (4 years)
Our program i	is a M-F 5 day option only					
	AINIT OLEADI V					
PLEASE PR	RINT CLEARLY					
Child Inforn	nation:					
First:	M	iddle:		Last: _		
Date of Birth: _		□ Boy □ Girl	With w	whom does the child I	ive? _	
Anticipated T-s	shirt size: (circle) 2T 3T 4T	5T				
Parent/Guai	rdian Information:					
	_					
Parent's Name			Parent's	Name		
Address			Address	3		
City	St Zip_		City		St	Zip
Home phone _			Home ph	none		
Cell			Cell			
Email			Email			
Work Place			Work Pl	ace		
Work Phone _			Work Pl	hone		
Parent Signa	ature:			Da	ite:	