



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 1st

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: _____ Middle: _____ 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 _____ 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: _____



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.

Must be age by September 1st

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: _____ Middle: _____ 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 _____ 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: _____



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.

Must be age by September 1st

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: _____ Middle: _____ 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 _____ 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: _____