

Family Interest Form 2023/2024

You can return this form in person,
 Or Via Email to caitlin@tbaptos.org
 Or Fax it to: 831.475.7246
 Or Mail it to: Simcha Preschool, 3055 Porter Gulch Road, Aptos, CA 95003

Child's Name			Child's Date of Birth		
Child's Address					
1 st Parent / Guardian's Name		Phone #		Email	
2 nd Parent / Guardian's Name		Phone #		Email	
What is your child's immunization status?					
Child's experience in group care:					
How did you hear about Simcha?					
When are you hoping to start our program?					
Would you like to receive the Temple Beth El (TBE) weekly email? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a Temple Member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What schedule are you interested in? Please mark your 1st, 2nd & 3rd preference in the appropriate boxes below Which day of the week are you interested in? Please circle which day of the week you are interested in <div style="text-align: center;"> Hour M-F Full Days: 7:30am-5:20pm Half Days: 9:00am-1:00pm </div>					
Schedule Options	5 Full Days	5 Half Days	4 Full Days	4 Half Days	3 Full Days
Preference	<input type="checkbox"/> 1 st , <input type="checkbox"/> 2 nd , <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st , <input type="checkbox"/> 2 nd , <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st , <input type="checkbox"/> 2 nd , <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st , <input type="checkbox"/> 2 nd , <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st , <input type="checkbox"/> 2 nd , <input type="checkbox"/> 3 rd
			M T W T H F no preference	M T W T H F no preference	M T W T H F no preference

Admission Fees: There is a non-refundable \$300 enrollment fee, \$100 annual materials fee, and a \$1000 refundable Tuition Deposit due at the time of Enrollment.