



SHIR HADASH EARLY CHILDHOOD CENTER

APPLICATION FOR ADMISSION

Office Use Only:

- ☐ Database
- ☐ Tags
- ☐ Classlist
- ☐ Email
- ☐ Admission Agreement
- ☐ ParentSquare

STUDENT INFORMATION

To be completed by parent or guardian

Applying to enter in _____, 20____ for a ☐ 2 year old ☐ 3 year old ☐ 4 year old ☐ 5 year old
month

Children must be 2 years old by their entry date.

Child's Name _____
First Middle Last

Preferred Name/Nickname _____ Preferred Pronouns/Gender _____

Date of Birth _____ Place of Birth _____
Month Day Year

Child's Home Address _____
Street City Zip

Child's Home Phone _____

Child's lives with (please specify): _____

FAMILY INFORMATION

Please circle: GUARDIAN / PARENT 1

Mr./Mrs./Ms./Mx./Dr./Rabbi Pronouns: _____

First Last

Relationship to child: ☐ Father ☐ Stepfather
☐ Mother ☐ Stepmother
☐ Other(specify) _____

Home Address _____

What does your child call you? _____

Home Phone _____

Cell Phone _____

Email Address _____

Work Phone _____

Marital Status:

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Please circle: GUARDIAN / PARENT 2

Mr./Mrs./Ms./Mx./Dr./Rabbi Pronouns: _____

First Last

Relationship to child : ☐ Father ☐ Stepfather
☐ Mother ☐ Stepmother
☐ Other(specify) _____

Home Address _____

What does your child call you? _____

Home Phone _____

Cell Phone _____

Email Address _____

Work Phone _____

Office Use Only:

Received on _____

Paid \$ _____

Paid Via _____

Other Children in the Family

Name _____ Date of Birth _____ Sex _____ Grade _____

Name _____ Date of Birth _____ Sex _____ Grade _____

Name _____ Date of Birth _____ Sex _____ Grade _____

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

Is your child currently enrolled in Shir Hadash Early Childhood Center? ☐ yes ☐ no

Does either parent/guardian identify as being Jewish? (optional) ☐ yes ☐ no

SCHOOL INFORMATION

Current School _____ Current Class Placement _____

School Director/Head _____

School Phone _____

SCHEDULE SELECTION

☐ 3 days – Circle Days:

Mon Tues Wed Thur Fri

☐ 4 days – Circle Days:

Mon Tues Wed Thur Fri

☐ 5 days-Monday through Friday

☐ half day - 8:30 am to 1:00 pm

☐ full day - 8:30 am to 4:30 pm

☐ Extended Care: Early morning - 7:00 am to 8:30 am

☐ Extended Care: Late afternoon - 4:30 pm to 6:00 pm

In the case of separation, divorce, or separate households, it is necessary for the Center to have the signatures of both legal parents/guardians.

Signature _____ Date _____

Signature _____ Date _____

First month's tuition must be paid and all paperwork must be completed prior to your start date.

Please return completed application to:

Mercedes Mendoza, Interim ECC Director
Shir Hadash Early Childhood Center
20 Cherry Blossom Lane, Los Gatos, CA 95032
eccinfo@shirhadash.org
408-358-1751 ext. 115
www.shecc.org