

2006-2007 SCHOOL YEAR - REGISTRATION FORM

B'NAI SIMCHA JEWISH COMMUNITY PRESCHOOL
550 SOUTH SECOND AVENUE
ARCADIA, CA 91006 (626) 445-4805

Please return with registration fee of \$70 for new students (including new siblings) and a \$40 fee for returning students (\$30 for additional returning sibling).

Child's Full Name _____

Child's Preferred Name _____ Child's Birth date _____

Home Address _____

Home Phone _____ Email _____

Parent 1 Name _____ Parent 2 Name _____

Work Phone _____ Work Phone _____

Mobile/Pgr _____ Mobile/Pgr _____

Are you members at a synagogue? (Please name Synagogue) _____

Does your child have any special needs? _____

I understand that there are several enrollment possibilities for September, 2006.

I prefer (please check):

Circle Preferred Days

_____ 2 days/week* Monday Tuesday Wednesday Thursday Friday

_____ 3 days/week Monday Tuesday Wednesday Thursday Friday

_____ 4 days/week Monday Tuesday Wednesday Thursday Friday

_____ 5 days/week**

_____ I wish to enroll in the flat fee daycare program for the days my child attends.

_____ I wish to enroll in the 9 a.m. – 1 p.m. program for the days my child attends.

* 2 days/week is available to 2 year olds only

** Pre-Kindergarten children must attend 5 days a week

Please be aware that every effort will be made to give you your first choice, but that it is not always possible. Do you have any questions you wish us to address specifically? Please specify and we will contact you directly.

Parent's Signature _____ Date: _____