



JEWISH FEDERATION PRESCHOOL Enrollment Form 2008 / 2009



Child's Last Name **First Name** **Hebrew Name (if applicable)** **DOB**

Address **Telephone**

City **State** **Zip Code**

Child resides with: **Both** _____ **Mother** _____ **Father** _____

Father's Name _____ **Employer/Occupation** _____

Business Phone _____ **Cell Phone** _____

Email address _____

Home address/Phone (if different from above) _____

Mother's Name _____ **Employer/Occupation** _____

Business Phone _____ **Cell Phone** _____

Email address _____

Home address/Phone (if different from above) _____

• **We communicate primarily by e-mail. Please indicate which e-mail should be used. M** _____ **F** _____ **Both** _____

Emergency Contact Name: _____ **Relationship** _____

Home Phone _____ **Business Phone** _____ **Cell phone** _____

Alternate Authorized Persons for Child Pick up

Name _____ **Relationship** _____ **Home** _____ **Cell** _____

Name _____ **Relationship** _____ **Home** _____ **Cell** _____

For Preschool Use Only

Date application received _____ **Deposit/Registration Ck #** _____

Program Attending _____