

Temple Beth Shalom Preschool
Waiting List Form
2015-2016

Date Called: _____

Date of Visit: _____

Parent's Names: _____

Child's Name: _____ M / F DOB: _____

Year interested in: Current year 2014 – 2015 2015 - 2016

Class interested in: 2/3 3/4 4/5 (PreK)

Address:

Phone #: _____

Phone#: _____

Email: _____

Temple Members: (Y/N) _____

Schedule desired:

Twos: T, Th MWF 5 days Mornings until 12:30/School day until 3:10/Full time until 5:25

3s, 4s: 2 days 3 days 5 days School day until 3:10 / Full time until 5:25

Interested in our Summer Camp Program:

To help us, how did you hear of our program?

Tell us about your child and your goals for your child, and feel free to use the other side of the paper, (Include previous experience with childcare, daycare, preschool):

References: