

PJCC Preschool Enrollment Application

I would like to enroll my child for the school year beginning August _____

CHILD'S NAME _____ Female Male | Birthdate ____/____/____ (mm/dd/yyyy)

Jewish Non-Jewish Interfaith Prefer not to disclose

Address: _____ City _____ State _____ Zip _____

Sibling of current PJCC Preschool student Sibling of former PJCC Preschool student

Treehouse sibling PJCC Center Member Wornick Jewish Day School sibling

PARENT 1 _____ Female Male | Birthdate ____/____/____ (mm/dd/yyyy)

Jewish Non-Jewish Interfaith Prefer not to disclose

Address (if different from child): _____ City _____ State _____ Zip _____

Phone (primary) _____ Phone (secondary) _____

Email _____

PARENT 2 _____ Female Male | Birthdate ____/____/____ (mm/dd/yyyy)

Jewish Non-Jewish Interfaith Prefer not to disclose

Address (if different from child): _____ City _____ State _____ Zip _____

Phone (primary) _____ Phone (secondary) _____

Email _____

K'TON TON *Little People*

Age 2 years

Must be 2 years-old by September 1

Tu/Th: 9:15 am – 12:45 pm

M – F: 9:15 am – 12:45 pm

M – F: 7:30 am – 6:00 pm

Stay & Play

Circle all that apply

7:30 – 9:15 am: M Tu W Th F

12:45 – 3:00 pm: M Tu W Th F

12:45 – 6:00 pm: M Tu W Th F

KESHET *Rainbow*

Age 3 years

Must be 3 years-old by September 1

M/W/F: 9:00 am – 1:00 pm

M – F: 9:00 am – 1:00 pm

M – F: 7:30 am – 6:00 pm

Stay & Play

Circle all that apply

7:30 – 9:00 am: M Tu W Th F

1:00 – 3:00 pm: M Tu W Th F

1:00 – 6:00 pm: M Tu W Th F

KEE TOV *Something Good*

Age 4 years

Pre-K/Transitional Kindergarten

Must be 4 years-old by September 1

M – F: 9:00 am – 1:00 pm

M – F: 7:30 am – 6:00 pm

Stay & Play

Circle all that apply

7:30 – 9:00 am: M Tu W Th F

1:00 – 3:00 pm: M Tu W Th F

1:00 – 6:00 pm: M Tu W Th F

A minimum enrollment is needed per program. If a program is not available, we will work with you to find an alternative option suitable for your child.

Complete and submit this form with a \$100 non-refundable application fee. A contract and enrollment packet will be mailed to you as space becomes available. Financial assistance is available with a separate application.

Signature _____ Date _____

Method of payment: Cash | Check (payable to PJCC)

Credit card: Visa MasterCard American Express

Cardholder's name: _____

Card # _____ Exp Date _____



Peninsula Jewish Community Center

800 Foster City Blvd., Foster City, CA 94404 | 650.212.PJCC (7522) | pjcc.org

A beneficiary agency of the Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties.

FOR OFFICE USE:
Date/time received: ____ / ____
Initials: _____