

# PJCC Preschool Enrollment Application

I would like to apply for 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

- 7:30–9:15 am: Tu / Th or M–F  
 12:45–3:00 pm: Tu / Th or M–F  
 12:45–6:00 pm: Tu / Th

## **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

- 7:30–9:00 am: M/W/F or M–F  
 1:00–3:00 pm: M/W/F or M–F  
 1:00–6:00 pm: M/W/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

- 7:30–9:00 am: M–F  
 1:00–3:00 pm: M–F

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 may be 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

FOR OFFICE USE:  
Date/time received: \_\_\_\_ / \_\_\_\_  
Initials: \_\_\_\_\_

