



Early Childhood Center

Child's Name _____ Date of Birth ____/____/____ Sex ___M___F

Address _____

City, State, Zip _____

Home Phone ____-____-____ Fax Number ____-____-____

Siblings: Name	Date of Birth	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please let us know what school you are considering for kindergarten. _____

Parent 1 Name _____ **Cell Phone** _____

Occupation _____ **E-Mail** _____

Employer _____

Business Address _____

Business Phone _____

Parent 2 Name _____ **Cell Phone** _____

Occupation _____ **E-Mail** _____

Employer _____

Business Address _____

Business Phone _____

Other Caregiver Name _____ **Cell Phone** _____

Person to contact in case of emergency (other than Parents)

Name _____ **Relationship** _____ **Phone** ____-____-____

Name _____ **Relationship** _____ **Phone** ____-____-____

Child's Doctor _____ **Phone** ____-____-____

Are you members of Westchester Jewish Center? Yes _____ No _____

Would you like more information regarding membership? Yes _____ No _____

Are you members of any other congregation? Yes _____ No _____

If so, which one? _____

*****Please make checks payable to Westchester Jewish Center*****

Discounted Tuition	Tuition
(For WJC Members who pay dues)	

<u>Little Ones & Friends</u>		
____ 1 Day: Friday - 9:15am - 10:30am	\$ 500.00	\$ 750.00