

TEMPLE EMANU-EL EARLY CHILDHOOD COMMUNITY
INFANT PROGRAM APPLICATION

Child's Name _____ Due Date _____
(Last) (First)

Anticipated start date-minimum age 12 weeks _____

Address _____ City _____ State _____ Zip _____

	Parent 1	Parent 2
Name		
Primary Phone		
E-mail		

Other Children In Family _____

Temple/Synagogue Affiliation _____

<u>Days Of Enrollment</u>				
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

1. **A NON-REFUNDABLE, NON-TRANSFERABLE** fee of \$200.00 is enclosed.

2. Your first non-refundable payment is due two months prior to your start date. Amount of payment is based on the schedule indicated.

I hereby give my permission for my child to participate in all programs, including photographs/Facebook, activities and field trips as part of the Temple Emanu-El Early Childhood Community. I understand and fully recognize that risks may be involved. I hereby release Temple Emanu-El Early Childhood Community Pre-School, or any of its employees, from any liability arising out of any injury to my child.

DATE: _____ PARENT'S SIGNATURE: _____