



Congregation Beth Sholom Family Preschool
301 14th Avenue, San Francisco, CA 94118

Child's Name: _____ **Nickname (preferred name)** _____

Birth Date: _____ Gender _____

Home Address: _____

Parent's Name: _____ Relationship to child: _____

E-mail Address: _____ Phone Number: _____

Home address: (if different from above) _____

Employer: _____ Occupation: _____

Marital status: married divorced separated partner widowed single parent other

Jewish Are you currently a member of a synagogue? If yes, please list _____

Parent's Name: _____ Relationship to child: _____

E-mail Address: _____ Phone Number: _____

Home address: (if different from above) _____

Employer: _____ Occupation: _____

Marital status: married divorced separated partner widowed single parent other

Jewish Are you currently a member of a synagogue? If yes, please list _____

Please list names and birthdates of child's siblings:

Name _____ Birthdate _____

Name _____ Birthdate _____

Date of interested enrollment: 2017-2018 2018 - 2019 2019- 2020

Programs of Interest: Pre-school 9:00a.m - 1:30p.m. (Ages 2-4) Pre- K 9:00a.m. - 1:30p.m. (Ages 4+5)

Morning Care 8a.m. - 9a.m. Extended Day Program (until 3:30p.m. or 5:30p.m.)

Tuesday/Thursday Monday/Wednesday/Friday Five days per week

How did you hear about Congregation Beth Sholom Family Preschool? _____

Are you familiar with anyone who is currently attending our pre-school? _____

If yes, please list their names: _____

Is there anything else you'd like us to know about your family? _____

Please return form to Katherine Friedman Barboni
301 14th Avenue San Francisco, CA 94118
kbarboni@bethsholomsf.org