

SAN RAFAEL CAMPUS

FINANCIAL AID: I Intend to apply for Financial Aid. Applications due by FEBRUARY 15TH with completed tax return.
APPLY HERE: marinjcc.org/preschool

Child's name _____

M F Birthdate _____

Address _____

City _____ Zip _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Address _____

Address _____

Phone (work) _____ Cell _____

Phone (work) _____ Cell _____

Email _____

Email _____

How did you hear about our school? _____

PRESCHOOL PROGRAMS

These programs are 5 days only. Must be designated age by September 1ST of year enrolling.

- Nitzanim/Keshet 18 - 35 months
- Aleph 3 years
- Beyt/Gimel 4 - 5 years

SUMMER PROGRAMS

Check website for information.

PAYMENT INFORMATION

For NEW APPLICANTS ONLY, please include a one time, non-refundable administrative fee of \$100 per each new child.

Please check one:

Check # _____ (Make check payable to OMJCC)

Visa/MC # _____ Exp. Date _____

Name on Card _____

CHOOSE SCHEDULE*

Hours

9am-1pm

9am-3pm

8am-4pm

*Schedule options are contingent upon enrollment and not guaranteed.

PRIORITY ENROLLMENT. CHECK ALL THAT APPLY.

Currently enrolled at the JCC Preschool

Legacy Family Name:

Current Osher Marin JCC member

Parent works full-time for a Jewish Agency:

The Osher Marin JCC welcomes all individuals regardless of race, color, religion, gender, gender expression, national origin, disability or sexual orientation.

Parent/Guardian Signature _____ Date _____