

APPLICATION

MILL VALLEY CAMPUS

FINANCIAL AID: I intend to apply for Financial Aid and ur 15 th with a completed tax return in order to be considered. A	
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	SUMMER PROGRAMS
	Registration information will be available in February.
These programs are 5 days only. Must be designated age	PAYMENT INFORMATION
by September 1 st of year enrolling.	For NEW APPLICANTS ONLY, please include a one time,
☐ Nevatim – 2 years	non-refundable administrative fee of \$100 per each new child.
☐ Shorashim – 3 years	Please check one:
☐ Ilanot/Etzim – 4-5 years	☐ Check # (Make check payable to OMJCC)
CHOOSE SCHEDULE	☐ Visa/MC # Exp. Date
Schedule options are contingent upon enrollment and not guaranteed.	
☐ Half-day 9 AM — 1 PM ☐ Full-day 8 AM — 4 PM	Name on card:
PRIORITY ENROLLMENT.	. CHECK ALL THAT APPLY.
☐ Currently enrolled at the JCC Preschool	☐ Legacy Family Name:
☐ Parent works full-time for a Jewish Agency:	□ Current Osher Marin JCC Member
\square JBaby Participant (Side by Side, JymBabies, AquaBabi	ies, MusicBabies, etc.)
The Osher Marin JCC welcomes all individuals regardle national origin, disability or sexual orientation.	ess of race, color, religion, gender, gender expression,
Parent/Guardian Signature	Date submitted