



APPLICATION

SAN RAFAEL CAMPUS

FINANCIAL AID: I intend to apply for Financial Aid and understand that applications must be submitted by February 15th with a completed tax return in order to be considered. APPLY HERE: www.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	SUMMER PROGRAMS
These programs are 5 days only. Must be designated age by September 1 st of year enrolling.	Registration information will be available in February.
<input type="checkbox"/> Nitzanim/Keshet – 18 to 35 months	PAYMENT INFORMATION
<input type="checkbox"/> Aleph – 3 years	For NEW APPLICANTS ONLY, please include a one time, non-refundable administrative fee of \$100 per each new child.
<input type="checkbox"/> Beyt/Gimel – 4-5 years	Please check one:
CHOOSE SCHEDULE	<input type="checkbox"/> Check # (Make check payable to OMJCC)
Schedule options are contingent upon enrollment and not guaranteed.	<input type="checkbox"/> Visa/MC # Exp. Date
<input type="checkbox"/> Half-day 9 AM – 1 PM <input type="checkbox"/> 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

JBaby Participant (Side by Side, JymBabies, AquaBabies, MusicBabies, etc.)

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 submitted _____

To submit your application, download, complete and email to: cbarnard@marinjcc.org