

# Simcha Preschool



## Waiting List Application

You can return this form in person,

Or Via Email to [simchadirector@tbeptos.org](mailto:simchadirector@tbeptos.org)

Or Fax it to: 831.475.7246

Or Mail it to: Simcha Preschool, 3055 Porter Gulch Road, Aptos, CA 95003

Child's Name			Child's Date of Birth		Child's Gender		
Child's Address							
1 <sup>st</sup> Parent / Guardian's Name			Phone #		Email		
2 <sup>nd</sup> Parent / Guardian's Name			Phone #		Email		
Is your child fully immunized?							
Child's experience in group care:							
How did you hear about Simcha?							
When are you hoping to Start Our Program?							
What schedule are you interested in? (mark the appropriate boxes below)							
	M/W/F	T/Th	M - F	Are you a Temple Member?		Are you Jewish?	
Mornings				Yes	No	Yes	No
Full Days							

