



Karen and Gary Simkin Family

Child Development Centre

Jewish Community Centre of Greater Vancouver

For office use only

**PRESCHOOL PROGRAM APPLICATION FORM:
Shabbat Shalom Friday Preschool for 2 year olds
2024-2025**

Program Time: Fridays 9:00am to 12:00pm

MEMBER: YES NO

CHILD'S LAST NAME: _____

CHILD'S FIRST NAME: _____

Date of Birth: _____

Address: _____ City: _____

Postal Code: _____ Currently enrolled in JCC Preschool or Daycare YES NO

Other siblings in JCC Preschool or Daycare YES NO

PARENT INFORMATION: (full name please) For Mailing Purposes

Name: _____ Phone (H): _____ (B): _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Cell #: _____

Name: _____ Phone (H): _____ (B): _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Cell #: _____

METHOD OF PAYMENT

A non-refundable **\$100.00 deposit** is required for registration in Shabbat Shalom. This deposit will be put towards your final payment, or mark below to donate it.

I would like to donate my deposit to the Scholarship Fund for all licensed daycares, preschools and after school care programs at the Simkin Family Child Development Centre. A tax receipt will be issued at the end of the program year.

In addition to your first payment, a **\$16.00** fee will be charged for earthquake emergency supplies.

We accept payments by Cheque, Visa, MasterCard or Automatic Withdrawal. **Please choose one of the following:**

Post-dated cheques (as per fee schedule)

Automatic Withdrawal (Void Cheque attached)

I hereby authorize the JCC of Greater Vancouver to debit my account for deposit and monthly program fees.

Signature: _____

Visa / MC #: _____ Expiry Date: _____

Cardholder Name: _____

I hereby authorize the JCC of Greater Vancouver to charge my credit card account for deposit and monthly program fees.

Signature: _____



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950 West 41st Avenue, Vancouver BC | 604.257.5111 | www.jccgv.com