PRESCHOOL PROGRAM APPLICATION FORM:

Date: _____ Shalom Aleph Preschool for 2 year olds 2024-2025 Time: **Program Time:** Tuesdays and Thursdays, 9:00am to 12:00pm Intake # **MEMBER:** \square YES \square NO Staff Init: CHILD'S LAST NAME: CHILD'S FIRST NAME: ____ Date of Birth: _____ Address: City: Postal Code: Currently enrolled in JCC Preschool or Daycare \square YES \square NO Other siblings in JCC Preschool or Daycare \square YES \square NO **PARENT INFORMATION:** (full name please) For Mailing Purposes Name: _____ Phone (H): _____ (B): ____ City: Postal Code: Address: **Email:** ____ Cell #: ___ Name: Phone (H): ______ (B): _____ Address: _____ City: _____ Postal Code: _____ Cell #: METHOD OF PAYMENT A non-refundable \$200.00 deposit is required for registration in Shalom Aleph. This deposit will be put towards your final payment, or you can 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: I hereby authorize the JCC of Greater Vancouver to charge my credit card account for deposit and monthly program fees.