



Karen and Gary Simkin Family

Child Development Centre

Jewish Community Centre of Greater Vancouver

For office use only

**PRESCHOOL PROGRAM APPLICATION FORM:
Shalom Bet Preschool for 3 and 4 year olds
2024-2025**

Program Time: Monday to Friday, 8:45am to 12:30pm

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 #:** _____

A non-refundable **\$250.00 deposit** is required at registration. 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 **\$48.00** fee will be charged for earthquake emergency supplies and snacks.

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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