



(For Office Use Only: Date Received - ___/___/___)

Application Form 2017-2018

Child's Information: (Please fill out a separate page for each child)

Child's Name: _____

Hebrew spelling: _____

Child's Date of Birth: ___/___/___

Age group request: _____

Current day care provider of child: _____ Phone # _____

Requested Schedule: (Revised Hours and Rate Sheet enclosed)

School Year: 2017-2018		
Rate:	\$ _____	
<input type="checkbox"/> I am currently on CHS.		
Schedule:	Time in:	Time out:
Monday-Thursday:	8:30	<input type="checkbox"/> 3:15 <input type="checkbox"/> 4:15 <input type="checkbox"/> 5:30
Friday:	8:30	2:15 (winter 1:15)

Parent Information:

	Father	Mother
Name:		
Home Address:		
Home Phone:		
Work Phone:	Ext. _____	Ext. _____
Cell Phone:		
Place of Employment:		
Work Address:		
Email Address:		

\$35 Registration fee enclosed. (non-refundable)

Payment type: Cash Check, ck # _____

Application can be mailed or dropped off at our office: 525 Oberlin Ave