



WAITLIST APPLICATION

Date _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Parent /Guardian Name: _____ Phone: _____

Email: _____

Child(ren)'s Name, Date of Birth or estimated due date:

Preferred Start Date: _____

Preferred Schedule (please circle): FULL TIME (5 days) 4 Days a week (please specify which days)
3 Days a week (please specify which days)

Are you a member of Temple Beth El? Yes No

Would you like to learn more about Temple Beth El: ___ No, thank you. ___ Yes, please send me information

Mailing address _____

-Non-refundable registration fee of \$100 per child, is required, payable by cash, check or credit card*

-Priority is given to siblings of enrolled children and then to members of Temple Beth El

-Children will automatically be moved up to the next classroom list as they age out the current one, and put into chronological order according to the date we received both the application and payment

***credit card payments have a \$3.65 processing fee applied (\$103.65 total)**