

**Shalom Yeladim: 2016-2017**  
**For children ages 3 - 5 and Parents**

Child(ren)'s Name (s): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_

Participating Parents/Adult Name:

(at least one parent/adult must participate with child)

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Other \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are there any special needs (diet, educational, etc) we should be aware of regarding your child(ren)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member of Beth Israel  Yes  No

Attend Beth Israel Pre-School  Yes  No

Attend another Preschool? School Name \_\_\_\_\_

Check which Pre-School class child will be in as of September 2016.

Threes  Fours  Pre-K

Registration Fee  \$125.00 Beth Israel Member or Pre-School Family

\$150.00 All others

Register now to reserve your place!

Please make checks payable to Beth Israel Community Learning Lab