



Diane K. Trust Center
for Early Education
of Temple Ohabei Shalom

Nurturing Our Children, Building Our Future

1187 Beacon Street • Brookline, MA 02446 • (617) 264-2801 • ohabei.org

Application 2010-2011

CHILD'S INFORMATION

child's name first middle last male
 female

Hebrew name (if applicable)

birthday (m/d/y) age: years, months (as of 9/01/10) primary language child parent

child's address street city state zip home phone number

PARENT/GUARDIAN INFORMATION

parent name

home address (include zip code)

home telephone number e-mail

occupation name of business

work address

work telephone cell phone

PARENT/GUARDIAN #2 INFORMATION

parent name

home address (if different from above)

home telephone number e-mail

occupation name of business

work address

work telephone cell phone

sibling(s)	name	d/o/b	school now attending
	_____	_____	_____
	_____	_____	_____

other persons in household	name	relationship
	_____	_____
	_____	_____

Please tell us a little about your child. _____

MEDICAL HISTORY

- Any learning difficulties? _____
- Any emotional difficulties? _____
- Physical coordination difficulties? _____
- Speech difficulties? _____
- Hearing difficulties? _____
- Allergies? (Please specify) _____
- Any need to administer medication or special accommodations for your child while in school? Please explain:

- Other, please explain: _____

Previous playgroup and/or day care experience, please describe (include the # of times per week)

Is your family a member of Temple Ohabei Shalom? If not, do you have another synagogue affiliation?
(Please identify.)

How did you hear about the Trust Center for Early Education of Temple Ohabei Shalom?

Program Options

(check all that apply)

- ___ Preschool (9:00 am – 1:00 pm) Three Year Olds - 3 days (M/W/F)
- ___ Preschool (9:00 am – 1:00 pm) Three Year Olds - 5 days (M - F)
- ___ Preschool (9:00 am – 1:00 pm) Four Year Olds - 5 days only (M - F)
- ___ Enrichment Program (1:00- 3:00 pm) (circle which days) M T W TH F
- ___ Extended Day (3:00 - 6:00 pm) (circle which days) M T W TH F
- ___ Early Drop Off (8:00 - 9:00 am) (circle which days) M T W TH F

Signature of parent _____ date of application _____

A \$50 non-refundable application fee and a non-refundable deposit equal to two months tuition (Sept. 2010 & June 2011) must accompany this form.
Please make check payable to the **TCEE of Temple Ohabei Shalom** and mail to:
Temple Ohabei Shalom • 1187 Beacon St. • Brookline, MA 02446