

Netivot Shalom Preschool Application

Child's Name _____ Birthdate _____

Name(s) of Parent(s)/Guardians(s)

_____ Street

_____ Street _____ City

_____ Zip _____ City _____ Zip _____ Phone

Number _____ Phone Number _____ Email

_____ Email _____ Are you

members of Congregation Netivot Shalom? Yes _____ No _____ I would

like to enroll my child in CNS Preschool for the following days/hours:

Core Hours - 9am – 1pm

Monday	Tuesday	Wednesday	Thursday	Friday
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_____	_____	_____	_____	_____
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Afternoons - 1:00-4:00

Monday	Tuesday	Wednesday	Thursday	Friday
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Parent/Guardian Signature(s) _____

Please return to:

Preschool Director, Netivot Shalom Preschool, 1316 University Ave., Berkeley, CA 94702