

Netivot Shalom Preschool Application

Child's Name _____ Birth Date _____

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

Street _____

Street _____

City _____ Zip _____

City _____ Zip _____

Phone Number _____

Phone Number _____

Email _____

Email _____

Are you a member of Congregation Netivot Shalom? Yes _____ No _____

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

Core Hours: 9:00 am - 1:00 pm

Monday

Tuesday

Wednesday

Thursday

Friday

Extended Care Options (only available on days when attending core hours):

Early Care: 8:00 - 9:00 am

Afternoon Care: 1:00 - 4:00 pm

Late Afternoon Care: 4:00 - 5:30 pm

Parent/Guardian Signature(s) _____

Please return to:

Karen Llamas, Preschool Director
Congregation Netivot Shalom Preschool
1316 University Avenue, Berkeley, CA 94702

Application Rcvd.

Date _____