



APPLICATION (THREES)

Hours: 9:00am - 1:00pm

School Year: _____

Child's Last Name: _____ First Name: _____

Date of Birth: _____ Gender _____

Primary Contact #: _____

Address: _____ Apt# _____ Zip Code _____

Parent's Name: _____ Occupation: _____

Cell Phone #: _____ Business Phone: _____

E-mail: _____

Parent's Name: _____ Occupation: _____

Cell Phone #: _____ Business Phone: _____

E-mail: _____

Sibling(s)	Age(s)	School Attending
_____	_____	_____
_____	_____	_____

Is there anything you would like us to know about your child's development? _____

Are you a member of the Stephen Wise Free Synagogue? _____

How did you hear about us? _____

Signature: _____ Date: _____

*Please submit a small photograph of your child with the application

*We will contact you mid-December to schedule a play visit

There is a \$75.00 application fee. Please note this fee is non-refundable. Please make check payable to Stephen Wise Free Synagogue.