



APPLICATION 2024 - 2025

Start Date: ___/___/___

CBE EARLY LEARNING CENTER: 133 Prospect Street, Acton, MA 01720 - 978-266-9988 - elcadmin@bethelohim.org

Child Information:

Child's Name _____ Date of Birth ___/___/___ Gender: Male Female

Primary Language at home: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Height: _____ Weight: _____

Names & Ages of Siblings: _____

Parent/Guardian Information (Please complete for both Parent/Guardian 1 & 2):

*Parent/Guardian 1

*Parent/Guardian 2

Name _____

Name _____

Street Address _____

Street Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone (____) _____

Home Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

Business Phone (____) _____

Business Phone (____) _____

Email Address _____

Email Address _____

* If Person responsible for payment is different from parent/guardian, please include the following information:

Name _____ Address _____ Phone (____) _____

Additional Information:

Child's Physician _____

Address _____ Phone (____) _____

Allergies/Special Diets? _____

* Does your child have an Individual Health Plan due to a chronic health condition? _____ If yes, please attach.

* Further, if applicable please attach copies of any custody agreements, court orders and restraining orders pertaining to the child.

Any special limitations or concerns? _____

How did you hear about the CBE Early Learning Center? _____

Our program is open and welcoming to all.

The following optional question is asked in order to better understand our families:

Please tell us which religion(s), if any, your family most closely identifies with: _____

None

Prefer not to answer

(Over)

I. Please select your child's class below (Toddler, Preschool or Pre-K) and the days you want your child to attend:

- Toddler (*Doobim/Zebrot/Peelim* - circle one) Class (Minimum entry age 15 months)**
- 2 Days/week: Which 2 days do you prefer? 1st choice _____; 2nd choice _____
- 3 Days/week: Which 3 days do you prefer? 1st choice _____; 2nd choice _____
- 4 Days/week: Which 4 days do you prefer? 1st choice _____; 2nd choice _____
- 5 Days/week

OR

- Preschool (*Kofim*) Class (3 years prior to September 1st)**
- 3 Days/week: Which 3 days do you prefer? 1st choice _____; 2nd choice _____
- 4 Days/week: Which 4 days do you prefer? 1st choice _____; 2nd choice _____
- 5 Days/week

OR

- Pre-K (*Parparim*) Class (4 years prior to September 1st)**
- 4 Days/week: Which 4 days do you prefer? 1st choice _____; 2nd choice _____
- 5 Days/week

II. Please select your choice of calendar and core hours:

- | | | |
|---|--|--|
| <input type="checkbox"/> SCHOOL YEAR (SY) | <input type="checkbox"/> SCHOOL YEAR EXTENDED (SYE) | <input type="checkbox"/> SCHOOL YEAR EXTENDED (SYE) |
| · 9am – 1pm | 9am – 1pm | 9am – 4pm |
| · 10 months: Sept – June | · 10 months: Sept – June | |
| · Does <u>not</u> include public school vacations and holidays. | · <u>Includes</u> public school vacations and holidays. | |
| | · Hours open SYE days will is 8am-5pm | |

III. Please Select Your Extra Hours (if any):

Early Morning Drop Off:

- 7:30 AM: M T W Th F
- 8 AM: M T W Th F

Extended PM Options:

- 1 – 4PM: M T W Th F
- 5:30 PM: M T W Th F

This application is the first part of the registration process. At this time, you do not need to submit a deposit. **If a spot becomes available we will ask for you to submit a deposit, by check made payable to Congregation Beth Elohim for \$250;** the \$250 will be applied to the tuition for the coming term. We will process your application, provide you with an Enrollment Contract and then provide you with options for your child's tuition payments. Thank you for choosing the CBE Early Learning Center.

Parent/ Guardian Signature: _____ Date: ____/____/____

Print name: _____