



## Waiting List Application

You can return this form in person,

Fax: 831.475.7246

Or Mail: Simcha Preschool, 3055 Porter Gulch Road, Aptos, CA 95003

Child's Name				Child's Date of Birth			
Child's Address							
1 <sup>st</sup> Parent / Guardian's Name				Phone #		Email	
2 <sup>nd</sup> Parent / Guardian's Name				Phone #		Email	
Child's experience in group care:							
How did you hear about Simcha?							
When do you hope to start our program?							
What schedule are you interested in? (mark the appropriate boxes below as 1 <sup>st</sup> , 2 <sup>nd</sup> , etc.)							
	M/W/F	T/Th	M - F	Are you a Temple Member?		Are you Jewish?	
Mornings				Yes	No	Yes	No
Afternoons							
Full Days							