Beth Sholom Congregation Early Childhood Center 11825 Seven Locks Road, Potomac, MD 20854 T: (301) 279-7010 F: (301) 279-5815



Last First Middle
Last First Middle 2. Age as of 9/1/23: Gender: Date of Birth: 3. Synagogue Affiliation: WE ARE UNABLE TO TAKE TEACHER REQUESTS - MUCH THOUGHT AND CONSIDERATION WILL BE MADE TO PLACE YOUR CHILD IN AN APPROPRIATE CLASS Program Selection Core Program (5 days) 1 Toddlers Half Day 9:00 - 12:30 (child must be walking to enter program) 1 Toddlers Full Day 9:00 - 4:00 (child must be walking to enter program) 2 Two Year Olds 9:00 - 4:00 3 Trave Year Olds 9:00 - 4:00 4 Trave Year Olds 9:00 - 4:00 5 Four Year Olds 9:00 - 4:00 5 Extra Options 2 Early Drop 8:00 - 9:00 4 tate Stay 4:00 - 5:00 5 Extended Care 5:00 - 5:30* Check the box above if you would be interested in extended care options past 5:00 PM. This is confingent upon family interest and ECC staffing. The Maryland State Department of Education regulates that children entering Kindergarten must be 5 years old by September 1, 2023. We follow this guideline for class placement. All school payments are non-refundable. No refunds will be given for absences or early withdrawal prior to or during the school year. Should the ECC exercise its right to deny admission to a child, a full refund will be granted. Student's Family Information 1. Parent or Guardian I Name: Telephone: (daytime): ()
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Street: Apt. Telephone: (evening): ()
City: Cell phone: ()
State: Zip: E-mail:
Parent or Guardian II
Name: Telephone: (daytime): ()
Street: Apt. Telephone: (evening): ()
City: Cell phone: () State: Zip: E-mail:

☐ Mother Jewish by birth		onversion - Rabbi's Name: version - Rabbi's Name:	
2. Other Family Member	Prs		
	Age		Age
Name	Age	Name	Age
	Additi	onal Information	
ALLERGIES: (Substanc	es allergic to, reactions:	s, and treatment)	
•		rt services? Yes No	
Infants/Toddlers C		anguage PEP Program	SOCIAI SKIIIS
		o (If yes, please attach a	copy of the IFSP/IEP)
Has your child previou	sly attended another p	re-school program? If so, ple	ase list below:
	_	veaknesses (physical, emotion	•
	•	ation that may be pertinent to ditional sheets if necessary).	the education, growth,
	·		
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		is available to our families. I an application. You must con	
and pay the registration	on fee for us to consider	r your application.	
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inis includes d	\$200 registration and c	a \$450 ECC Family Benefit Pac	kage/security ree.
Payment choices:			
	posit and registration fe		
☐ Credit card (3% fee)	Routing Number: Sec (Code:
Parent or Guardian Sig	 gnature Date	Parent or Guardian Sign	 nature Date