



**Etta Natalie Rosenblatt Preschool  
at Temple Sholom in Broomall  
REGISTRATION APPLICATION 2020-2021**

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age (as of Sept 1, 2020) \_\_\_\_\_

1. Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

3. Person designated by parents to whom child can be released

Name \_\_\_\_\_

Name \_\_\_\_\_

Are you members of Temple Sholom in Broomall?      yes \_\_\_\_\_ no \_\_\_\_\_

Temple Sholom Preschool strives to be inclusive of all children. In order to best meet the needs of your child, please answer the following questions:

Has your child ever been evaluated for Early Intervention Services through public or private entity? \_\_\_\_\_

Has your child ever received Early Intervention Services through public or private entity? \_\_\_\_\_

What were the areas of concern? \_\_\_\_\_

Is your child currently receiving services through public or private entity? \_\_\_\_\_

If yes, in what areas? \_\_\_\_\_

Please indicate your child's schedule. All children will be placed in classes based on their birthdates.

	Morning Program 9am-12pm	Full Day Program 9am-3pm	Lunch Bunch 12pm-1pm	Early Care 7:30am-9am	Late Care 3pm-4pm	Late Care 3pm-5:30pm*	Extended Day 7:30am-5:30pm*
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
	My child is registering for School Year Only						
	My child is registering for Year Round Care						

All information provided is true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian      Date \_\_\_\_\_

Print Name \_\_\_\_\_

(Please turn page over and read, review and sign the back)

**Periodic Review/Change of Information  
Please sign February 24, 2021**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date