


Temple Emanuel
Early Childhood Center 

Enrollment Application Form

Please fill out one form per child. A \$175 non-refundable application fee must accompany each application.

Today's Date _____

Temple Emanuel Member Yes No

Child Information

Last Name _____ First Name _____

Birth Date _____ Male Female

Sibling will also be enrolled Yes No Sibling's Name _____

Parent/Guardian 1

Last Name _____ First Name _____

Street Address _____ E-Mail _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2

Last Name _____ First Name _____

Street Address _____ E-Mail _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Your child's age as of 9/1:

_____ Months Old _____ Years Old

**Priority enrollment is offered to siblings and temple members.
After that enrollment is process on a first come, first served basis*

Please indicate how you would like to pay the application fee:

- I have enclosed a check
- Please run the credit card* or ACH account on file, ending with these four digits: _____
- I will contact the Temple Office at 301-942-2000 to provide credit card* or ACH information
**please note that a 2.5% fee applies when paying by credit card*

Signature _____

This application is a request for enrollment consideration only and not a contract for acceptance.