



JUDYGORDON EARLY LEARNING CENTER

2020- 2021 APPLICATION

145 Hartford Street Natick, MA 01760

508-650-3521 ext 122

judygordonelc.org

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  Male  Female

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian Information  
Parent/Guardian 1

Parent/Guardian Information  
Parent/Guardian 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Number of Children in the Family: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

How did you hear about JGELC? ( ) Word of Mouth

( ) Internet Search

( ) JGELC Website

( ) Current JGELC Member, Who? \_\_\_\_\_

( ) Other: \_\_\_\_\_

If you are not a member of Temple Israel, would you like to be contacted to find out more? ( ) Yes

( ) No

Child's Name: \_\_\_\_\_

Toddlers (15 months, as of August 31<sup>st</sup>, - 32 months) 9:00 am – 1:00 pm

- 5 days a week
- 4 days a week       M    T    W    Th    F
- 3 days a week       M    T    W    Th    F
- 2 days a week       M    T    W    Th    F

Preschool (2.9 years, as of August 31<sup>st</sup>) 9:00 am – 1:00 pm

- 5 days a week
- 4 days a week       M    T    W    Th    F
- 3 days a week       M    T    W    Th    F
- 2 days a week       M    T    W    Th    F

Pre K (4 years, as of August 31) 9:00 am – 1:00 pm

- 5 days a week

Please check the boxes of the Early and Extended Day Care Options you will need:

	Early and			Extended Care Options			
	<i>Check off</i>	<i>your start</i>	<i>time</i>	<i>Check off</i>	<i>your end</i>	<i>time</i>	
	7:30	8:00	8:30	4:00	5:00	5:30	6:00
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

I DO NOT plan to have my child here for any Early or Extended Care Options.

This application is the first part of the registration process. A non-fundable deposit of \$200 (made payable to Temple Israel must be submitted with this application.

You will receive an enrollment form with your exact options and financial responsibility by June 1, 2020. Your first payment will be due August 1, 2020.

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

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