

TEMPLE EMANU-EL PRESCHOOL

2 Lake Street
San Francisco, CA 94118
(415) 751-2541 x118
Facility #384000060

Please include a \$30 processing fee with your application. Processing fee is non-refundable and not applicable to tuition charges if child is enrolled in any one of our programs. Your child will be *automatically* considered eligible for potential admission into all programs (two-year-old, preschool and pre-kindergarten) once child has reached appropriate age (see brochure for details).

Child's Biographical Information

Last Name	Home Address
First Name Nickname	City, State & Zip
Middle Name	Phone Number
Date of Birth	Gender

Parent's Biographical Information

Last Name	Home Address	<input type="checkbox"/> Address same as above
First Name	City, State & Zip	
Middle Name	Home Phone Number	Work Phone Number
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Cell Phone Number	Occupation
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Business Name	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Life Partner <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced	Business Address, City, State and Zip	
Temple Status <input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Religious Affiliation	E-Mail Address

Parent's Biographical Information

Last Name	Home Address	<input type="checkbox"/> Address same as above
First Name	City, State & Zip	
Middle Name	Home Phone Number	Work Phone Number
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Cell Phone Number	Occupation
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Business Name	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Life Partner <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced	Business Address, City, State and Zip	
Temple Status <input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Religious Affiliation	E-Mail Address

Preschool Sibling Alumni

Name	Years Attended
Name	Years Attended
Reason for Requesting Placement:	

Parent Signature:

Today's Date: