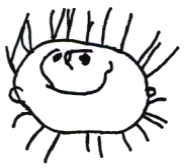

Justin Lee Wiesner
Early Childhood Learning Center
at The Kane/Karp Educational Center
Home of the Temple Beth Sholom Schools
1050 South Tuttle Avenue, Sarasota, FL 34237
Phone: 941-954-2027 Fax: 941-363-0964

FOR OFFICE USE ONLY

Application Date: _____

Application Time: _____

$10 Registration Fee: _____

PRE-REGISTRATION APPLICATION

Academic Year: 20___ / 20___

Applying For:
- ☐ Transitionals — 15 Months by Sept
- ☐ Juniors — 2 Years by Sept.
- ☐ Tweens — 3 Years by Sept.
- ☐ Seniors — 4 Years by Sept.

Pre-Registration Policy:

Our pre-registration policy allows parents to pre-register their child(ren) anytime after birth up to the date of enrollment for the year their child(ren) will be entering JLWECLC. Thus, children who are pre-registered for entrance into JLWECLC are given priority for acceptance into these programs for the year applicable. While giving priority status, pre-registration does not guarantee acceptance of a specific slot at JLWECLC. Each pre-registration application is dated, timed, and numbered. At the time of the enrollment deadline, these applications will be collated according to the established Priority Guidelines.

To pre-register, parents must follow a three-step process:

1. Complete a Pre-Registration Application for the child(ren).
2. Return the Pre-Registration Application with a $10.00 non-refundable processing fee to JLWECLC.
3. Submit #1 and #2 at any time after the child is born up to the date of enrollment.

Priority List:

- ☐ 1. Currently enrolled Temple Members AND Currently Enrolled Students.
- ☐ 2. Existing Temple Members not currently enrolled.
- ☐ 3. New Temple Members not currently enrolled.
- ☐ 4. Siblings of currently enrolled students.
- ☐ 5. Baby Play Group AND Shabbat Mommy & Me.
- ☐ 6. Siblings of previously enrolled students.
- ☐ 7. General Public.

Student Information:

Last: _____ First: _____ Middle: _____

Preferred: _____ Gender: _____ D.O.B. _____

Siblings (Names & Ages): _____

Who does the student live with? _____

Parent / Guardian Information:

Father: _____ Mother: _____

Father's Home: _____ Father's Work: _____ Father's Cell: _____

Mother's Home _____ Mother's Work: _____ Mother's Cell _____

Street: _____

City, ST Zip: _____ E-Mail: _____

Are you a member of Temple Beth Sholom? ☐ Yes ☐ No