



Child's Name: _____
First Middle Last

Child's Birthdate/Due Date: _____ Gender: M F

Parent/Guardian #1

Name: _____

Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Parent/Guardian #2

Name: _____

Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Program Information

Child Development Center at the J

5801 W. 115th Street

Ages 1 year & walking-5 years

Monday-Friday 7am-6pm

B'nai Jehudah Child Development Center

12320 Nall Avenue

Ages 6 weeks-2 years

Monday-Friday 7:30am-5:30pm

For office use only:

Date of Application: _____ Fee Paid: _____

J Membership Status on Application Date: _____

Date I am interested in enrolling my child: _____

Please mark the age you wish to enroll your child

<input type="checkbox"/>	Infants (6 weeks-1 year)
<input type="checkbox"/>	Toddlers 1 year by 8/31/25
<input type="checkbox"/>	Twos 2 years by 8/31/25
<input type="checkbox"/>	Threes 3 years by 8/31/25
<input type="checkbox"/>	PreK 4 years by 8/31/25

Were you referred to the CDC by another family? Please list their names.

Please answer the following questions.

_____ I understand that membership at The J is not required to be placed on the waiting list.

_____ I understand that current members of The J receive priority on the waitlist.

Current J Membership status _____Member _____Community/Non-Member
Are you a Member of The Temple, Congregation B'nai Jehudah? _____Yes _____No

_____ I understand that going on the waitlist does not guarantee enrollment.

_____ I understand that The CDC Programs require children to be fully vaccinated in order to attend.

_____ I understand that my child may be placed at either program, depending on their age.

_____ Does your child have special needs we need to be aware of in order to provide a successful educational experience?

Parent Signature: _____ Date of Application: _____

Payment method for non-refundable waitlist fee: _____check _____cash _____credit card