



Wait List Form

Office Only Date Received _____

Date of Application _____

<u>Child's Information</u>	
Child's Name _____	Gender _____ Start Date _____
Age as of 8/31/24 _____	Date of birth (include year) _____ T-shirt Size _____
Siblings' names and ages _____	Has your child attended preschool/ childcare before? <input type="checkbox"/> Yes <input type="checkbox"/> No How long? _____
With whom does the child live? _____	
Friend Requests: 1. _____ 2. _____	

<u>Family Information</u>	
Parent/ Guardian Name _____	Email _____
Occupation _____	Cell _____ Work _____
Home Address _____	City, State, Zip _____
Parent/ Guardian Name _____	Email _____
Occupation _____	Cell _____ Work _____
Home Address _____	City, State, Zip _____
Nanny/Babysitter: _____	Phone Number: _____
<p>So we may be sensitive to your needs, what religious faith(s) do you practice in your home?</p> <p>_____</p>	
Member of Temple Solel <input type="checkbox"/> Yes <input type="checkbox"/> No Other synagogue affiliation _____	

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