

Date Received _____

T.B.D. 2016 - 2017 ECLC
Registration/Application

6100 Hefley Street
Westminster, CA 92683
(714) 893-3091/Fax: (714) 897-5306
ocpreschool.org
email: vanessa@templebethdavid.org



Please Print clearly:

Name of Child _____

Date of Birth _____ Sex _____ Phone # _____

Cell Phone #'s: Father: _____ Mother: _____

Address _____

City _____ Zip _____

E-Mail Address _____
(Please Print Clearly)

Father's Name _____ Occupation _____

Business Address _____ Business Phone # _____

Mother's Name _____ Occupation _____

Business Address _____ Business Phone # _____

Temple Affiliation: TBD _____ None: _____ Other Synagogue _____

- ☐ **2-Year-Old Class** (Must be 2 prior to enrollment)
☐ **3-Year-Old Class** (3 by 9/1/16) – 3 or 5 day a week program
☐ **Pre-K Class** (4 by 9/1/16) – 5 day a week program

_____ Starting Date

7:15AM - 6:15PM Program

- ☐ 5 Days
☐ 3 Days
☐ 2 Days

9:00 AM - 12:30 PM Program

- ☐ 5 Days
☐ 3 Days
☐ 2 Days

9:00 AM - 2:30 PM Program

- ☐ 5 Days
☐ 3 Days
☐ 2 Days

Annual Registration Fee: Paid once per year at time of registration

Signed _____ Date _____
Parent's Signature

How did you learn about us? _____

Date Received _____

T.B.D. 2016 ECLC
Summer Registration/Application

6100 Hefley Street
Westminster, CA 92683
(714) 893-3091/Fax: (714) 897-5306
ocpreschool.org
email: vanessa@templebethdavid.org



Please Print clearly:

Name of Child _____

Date of Birth _____ Sex _____ Phone # _____

Cell Phone #'s: Father: _____ Mother: _____

Address _____

City _____ Zip _____

E-Mail Address _____
(Please Print Clearly)

Father's Name _____ Occupation _____

Business Address _____ Business Phone # _____

Mother's Name _____ Occupation _____

Business Address _____ Business Phone # _____

Temple Affiliation: TBD _____ None: _____ Other Synagogue _____

7:15AM - 6:15PM Program

- ☐ 5 Days
- ☐ 3 Days
- ☐ 2 Days

9:00 AM - 12:30 PM Program

- ☐ 5 Days
- ☐ 3 Days
- ☐ 2 Days

9:00 AM - 2:30 PM Program

- ☐ 5 Days
- ☐ 3 Days
- ☐ 2 Days

Registration Fee:

- ☐ Summer Only Registration Fee \$50
- ☐ Annual Registration Fee paid once a year at time of registration

Please check preferred session:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Session I
6/27 – 7/15 | <input type="checkbox"/> Session II
7/18 – 8/5 | <input type="checkbox"/> Session III
8/8 – 8/26 | <input type="checkbox"/> Sessions I, II, & III
6/27 – 8/26 |
|---|---|--|---|

Signed _____ Date _____
Parent's Signature