236 Charlotte Street • Asheville, NC 28801

Phone: 828.253.0701 • Fax: 828.254.7666

Shalom Children's Center Application for Waiting List

Please include a payment of $20 when submitting this application

Today's Date: _____

Name of Child: _____
First Middle Last

Child's Date of Birth: _____ or/ Due Date: _____

Preferred Start Date: _____

Year your child will enter kindergarten: _____

Times Child Will Attend: M - F ___ MWF ___ TR ___

7:30to 1 ___ Full Day ___

Parent's Names: _____

Address: _____

_____

Phone: _____

Email: _____

Are you a Member of the Asheville JCC?: _____

Does your child have any siblings or other family members in our program? _____

Is anyone in your household Jewish? (optional) _____

Do you plan to apply for state vouchers? _____

For Office Use Only

Date Received: _____Date of Tour: _____Payment Rec: _____