Asheville Jewish Community Center

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: _____

Year your child will enter kindergarten: _____

Desired start date: _____

Times child will attend: M-F ____ MWF ____ TR ____

Flexible/first available ____ Full Day ____ Half Day (7:30-1) ____

Parent/Guardian Name(s): _____

Address: _____

_____

Phone: _____

Email: _____

Do you have any other children enrolled in our program? _____

Is anyone in your household Jewish? (optional) _____

Would you like someone to contact you about membership or volunteer opportunities at the JCC? _____

For Office Use Only

Date Received: _____Date of Tour: _____Payment Rec: _____