



GOLD CENTER FOR YOUTH & FAMILY

Jewish Community Center of San Francisco
 3200 California Street, San Francisco, CA 94118
 www.jccsf.org 415.292.1200

**Havurah Youth Center
 After-School childcare
 2009-2010 Application
 License Number: 384001267
 Parent Hotline: 415.563.6608
 Fax: 415.276.1561**

| | | | |
|------------------------|--------------------------|------|--------|
| Child's Name: | Date of Birth: | Male | Female |
| Age in September 2009: | Grade in September 2009: | | |
| School: | Child's Address: | | |

If parents live at separate addresses, should both receive mailings? Yes No

Who is responsible for payments? _____

****Please place a (*) beside the preferred phone number****

| | | |
|-----------------------|-------------|----------------|
| Parent/Guardian Name: | Home Phone: | Date of Birth: |
| Street Address: | City: | Zip: |
| Email: | Cell Phone: | |
| Place of Employment: | Occupation: | |
| Work Address: | Work Phone: | |

| | | |
|-----------------------|-------------|----------------|
| Parent/Guardian Name: | Home Phone: | Date of Birth: |
| Street Address: | City: | Zip: |
| Email: | Cell Phone: | |
| Place of Employment: | Occupation: | |
| Work Address: | Work Phone: | |

For Office Use Only:

| |
|-------|
| Days: |
|-------|

How did you hear about the Havurah Youth Center?

- Advertisement Word of Mouth School
- JCC Catalog Previous Client Website

What made you select the Havurah Youth Center after-school program for your child(ren)?

Schools you have requested, listed in order of preference (public and private):

Check if your child was on wait list for 2008-2009 school year.

Check if your child attended the following JCCSF preschool:

- Rosenberg Early Childhood Center
- Helen Diller Family Preschool
- Brotherhood Way Preschool

Check if your child has special needs (short explanation): _____

Days your are requesting for your child to attend HYC: (3, 4, or 5 days a week)

Mon. Tues. Wed. Thurs. Fri.

During homework time, my child must do homework:

- Everyday Only if he/she wishes to Not at all

Do you wish to receive a financial aid application? Yes No

Please submit your completed application along with a non-refundable \$25 application fee, (for new families only), payable to the JCCSF to:

Jewish Community Center of San Francisco
Attn: HYC Manager
3200 California Street
San Francisco, CA 94118

Enrollment in HYC is contingent upon the completion of the HYC enrollment agreement and all necessary forms, and payment of a \$350 non-refundable deposit, which is credited to the last month of the school year.

**Please call 415.292.1210 if you have any questions and thank you
for your interest in the Havurah Youth Center!**

Parent/Guardian's Signature: _____ Date: _____

DEMOGRAPHICS (The following section is voluntary.)

- Is your child:
- Jewish
 - Interfaith (one parent Jewish)
 - Non-Jewish

Please check any categories that apply to your child:

- African American _____
- Asian/Pacific Islander _____
- Caucasian _____
- Latino/Chicano/Mexican _____
- Mixed Race _____
- Native American _____
- Russian Émigré _____
- Other (explain) _____