**Inquiry Form for the Bill & Sid Rubin Preschool, Infant Toddler Center, Beth Israel**
Thank you for your interest in the Bill & Sid Rubin Preschool @ Beth Israel. Please fill out the following information so that we may assist you and understand what your family is looking for in infant/toddler care or in a preschool. Please send back a completed form to schooloffice@cbisd.org.
A member of our school office team will be in touch soon!

Date of inquiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1:

Parent 2:

Home Address:

Cell Phone, Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone, Parent 2:

Home Phone:

Email Address(s):

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F Birthdate:

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F Birthdate:

How did you hear about us?

How many days/week are you interested in? (2, 3, 5, or flexible)

*(Please circle below)*
Part Time (9am-1pm) (Pre-K: 9am-2pm) / Full time (8am-4pm) / Extended Full Day (7:30am-5:00pm)

When do you hope/plan to begin your child(s)’ enrollment?

Are you already a Beth Israel Member? Y / N

If not, is your family interested in learning more about Temple Membership? Y / N

Are both parents Jewish? Y / N Is one parent Jewish? Y / N

Comments/Any additional information you would like to share with us: