



TEMPLE BETH SHALOM
PRESCHOOL

Prospective Student Waiting List Form

Date: _____

Parents' Names: _____

Child's Name: _____ M / F DOB: _____

Year interested in: Current year: 2018-2019 2019-2020 2020-2021

Class interested in: Doobim (Teddy Bears): 2 year olds
 Dagim (Fishes): 3 year olds
 Soosim (Horses): 4-5 year olds

Address: _____

Phone #: _____

Email: _____

Temple Members: Yes / No

(Select One Option; Circle Days desired for 7:45-3:10 and Aftercare if applicable)

Doobim: 2 days/week (Monday Tuesday Wednesday Thursday Friday)
 3 days/week (Monday Tuesday Wednesday Thursday Friday)
 5 days/week (Monday Tuesday Wednesday Thursday Friday)
 Aftercare (3:10-5:25)

Dagim/Soosim: 3 days/week (Monday Tuesday Wednesday Thursday Friday)
 5 days/week (Monday Tuesday Wednesday Thursday Friday)
 Aftercare (Yes/No)

To help us, how did you hear of our program?

Tell us about your child and your goals for your child, and feel free to use the other side of the paper,
(Include previous experience with childcare, daycare, preschool):



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