



# Rosie Uran Jewish Education Center

at Congregation Sha'are Shalom  
19357 Evergreen Mills Road  
Leesburg, Virginia 20175  
703-737-0686

## Application Form 2010-2011

Child's Full Name \_\_\_\_\_

Name to be called at school \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Preferred Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address & Home Phone if different from child's \_\_\_\_\_  
\_\_\_\_\_

Father/Guardian \_\_\_\_\_

Address & Home Phone if different from child's \_\_\_\_\_  
\_\_\_\_\_

Indicate appropriate class:

- 1 Day (T) Adult-Tot Class - child attends with adult caregiver - Must be 1 year old on or before 9/30/10
- 2 Day (T-TH) Must be 2 years old on or before September 30, 2010
- 3 Day (M-W-F) Must be 3 years old on or before September 30, 2010
- 5 Day (M-F) Must be 3 years old on or before September 30, 2010

Add-on(s) preferred:

- Early care (8-9 AM)
- Lunch Bunch (12 - 1 PM)
- Extended Day (1-3 PM)

Congregation Sha'are Shalom member? Yes \_\_\_\_\_ No \_\_\_\_\_

Affiliated with another synagogue? Yes \_\_\_\_\_ No \_\_\_\_\_

A \$75.00 Registration Fee per child must accompany this application. This fee is non-refundable unless the school is unable to enroll your child by September, 2010.

Please make check payable to: RUJEC

Mail applications and checks to: Rosie Uran Jewish Education Center; Congregation Sha'are Shalom  
PO Box 4518  
Leesburg, Virginia 20177