

Tree of Life Children's Center at Temple Beth Israel 3033 N. Towne Ave., Pomona, CA 91767

Tel: (909) 626-6937 Email: tlcc@tbipomona.org

Parent Interest Form 2022-23

Thank you for your interest in Tree of Life Children's Center. We appreciate the opportunity to help you make an informed decision about your child's early childhood program. The following information is for office information only, prior to your family visit. This is not a registration form, nor a commitment from either family or school regarding preschool enrollment. We are a full year program, and enroll/waitlist year-round according to space availability.

CHILD'S FULL NAME		BIRTH DATE		
IS YOUR CHILD CURREN	ITLY ENROLLED IN A CHILD CA	RE PROGRAM?		
IF SO, NAME OF PROGRA	AM			
HOME ADDRESS:	Street		- 	
			Zip Code	
		CELL PHONE: ()		
GUARDIAN (2) NAME				
EMAIL		CELL PHONE: ()		
HOW DID YOU LEARN AE	BOUT US?			
ARE YOU MEMBERS OF	TBI? WHEN WOULD	YOU LIKE YOUR CHILD TO STA	ART?	
DOES YOUR FAMILY HAV	'E ANY PARTICULAR NEEDS TH	IAT YOU'D LIKE TO DISCUSS?		
DOES YOUR CHILD TOIL	ET INDEPENDENTLY? (meaning	they don't wear diapers/pull-ups ar	nd don't need any assi	stance)
	YES	NO		
PLEASE INDICATE DESIRED	SCHEDULE:			
OPTION	Circle Desired Days		Circle desired d	ays
Half Day		Full Day Plus		
9:00 a.m 1:00 p.m.	M T W Th F	7:00 a.m 3:30 p.m.	M T W Th	F
Full Day		Extended Day		
9:00 a.m 3:30 p.m.	M T W Th F	7:00 a.m 6:00 p.m.	M T W Th	F
		OFFICE USE		
		Tour date:		
		Follow up:		
		Enrolled yes no		