

Tree of Life Children's Center at Temple Beth Israel

3033 N. Towne Ave., Pomona CA 91767 (909) 626-6937 tlcc@tbipomona.org

REGISTRATION FORM 2022-23

CHILD'S FULL NAME			
CHILD'S PREFERRED NAME		BIRTHDATE	
HOME ADDRESS:			
	Street	City	Zip Code
TELEPHONE: ()	EME	RGENCY TELEPHONE: ()
CHILD LIVES WITH: ☐ BOT	H PARENTS ☐ MOTHER	☐ FATHER ☐ OTHER:	
GUARDIAN NAME:	Cel	Il phone:	Email:
GUARDIAN NAME:	Cel	Il phone:	Email:
ARE YOU MEMBERS OF TBI	ANOTHER	TEMPLE? (please name) _	
SIBLINGS ENROLLED IN TLC	C?	DESIRED START DAT	E
PLEASE INDICATE DESIRED	SCHEDULE:		
OPTION	Circle Desired Days		Circle desired days
Half Day 9:00 a.m 1:00 p.m.	M T W Th F	Full Day Plus 7:00 a.m 3:30 p.m.	M T W Th F
Full Day 9:00 a.m 3:30 p.m.	M T W Th F	Extended Day 7:00 a.m 6:00 p.m.	M T W Th F
TOILETS INDEPENDENTLY?	YES	NO	
Children who are not fully indemore information.	pendent for toileting are surch	arged \$20.00 per month. Ple	ease see our toileting policy for
	S: A \$125.00 non-refundable e an annual fee of \$100.00 for c		ue the first time a child is
PL	EASE MAKE CHECKS PAYAE	BLE TO "TBI" or "TEMPLE B	BETH ISRAEL"
			STAFF USE