SY 26-27

Application for Admission
Summer Session 2027

Temple Rodef Shalom Early Childhood Center

Child's Name _____ Goes-by Name _____
(first) (middle) (last)

Date of Birth _____ If born premature, at how many weeks? _____ Gender _____

Primary Address _____
(street) (city/state) (zip)

Parent 1 _____ ☐ Mother ☐ Father ☐ Other _____

Address _____ ☐ Same address as primary ☐ Jewish ☐ Other

Email _____ Occupation _____

Phone #s Home _____ Cell _____ Work _____

Parent 2 _____ ☐ Mother ☐ Father ☐ Other _____

Address _____ ☐ Same address as primary ☐ Jewish ☐ Other

Email _____ Occupation _____

Phone #s Home _____ Cell _____ Work _____

☐ Currently enrolled (SY 25-26) ☐ Previously enrolled

☐ Parent attended TRS ECC (formerly TRS Nursery School) ☐ Sibling of current/former student _____

Limited scholarships are available. Please contact ECC Director Rene Shiohama (rshiohama@trsecc.org)

☐ Member of Temple Rodef Shalom

☐ Interested in Temple membership

Our membership team will reach out with info about joining TRS!

☐ I would like to receive a free subscription to Washington Jewish Weekly

To register, please submit the following:

- A completed **Application for Admission** (all 3 pages)
- **$100 non-refundable application fee.** Please make checks payable to **TRS ECC**.

How to submit your application: (choose one option)

- Hand your child's teacher the completed packet (during drop-off or pick-up) including a check for $100.
- Bring the completed application and a $100 check to the ECC office.
- Email the completed application to Alison Ahmed (aahmed@trsecc.org)
  - Mail $100 check to the ECC office: TRS ECC, Attn. Alison Ahmed, 2100 Westmoreland St, Falls Church, VA 22043

OFFICE USE ONLY

Application # _____ Date received _____ Received by _____

☐ Application fee received **Check #** _____ ☐ **WITHDRAWN** Date _____

Birth certificate/passport # _____ Viewed by _____ Date _____

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How did you learn about TRS Early Childhood Center? _____

Has your child attended preschool or childcare elsewhere? ☐ Yes ☐ No If yes, please list below:

School/Childcare center _____ Dates attended _____

School/Childcare center _____ Dates attended _____

Reason for leaving _____

Is there any information you'd like to share with us so your child finds success in our program?

_____

_____

The following information is helpful to teachers supporting your child.

Has your child been privately evaluated or evaluated by Parent-Infant Education (PIE), Infant-Toddler Connection, or Child Find? ☐ Yes ☐ No If yes, provide IEPs and evaluation/therapy reports, if possible.

Has your child been offered class-based services by the county or city? ☐ Yes ☐ No

Does your child have difficulty in any of the following areas?

☐ Speech/Language ☐ Vision ☐ Hearing ☐ Motor skills ☐ Sensory integration

☐ Social behavior/Play skills ☐ Cognitive development ☐ Other: _____

Is your child undergoing any treatment or therapy to address these or other concerns?

☐ Yes ☐ No If yes, please describe: _____

_____

_____

My signature below certifies the information I provided on this application is true, accurate, and complete, and gives TRS ECC permission to contact any of the schools or evaluators referenced above.

Parent Signature _____ Date _____

Temple Rodef Shalom Early Childhood Center

Application for Admission
ECC Summer Session 2027

Enrollment is for the full session lengths below; partial session enrollments are not available and credit for weeks not attended will not be given.
Space in Summer Session is limited and program offerings are subject to change.

Child's Name _____ Goes-by Name _____
(first) (middle) (last)

Date of Birth _____ Age on 9/30/27 _____ Gender _____

Program Eligibility

Summer Session 2027 is open to **rising 3s and Pre-K in SY 27-28** (i.e. children enrolled in **2s and 3s in SY 26-27).** Rising Kindergarteners (i.e. Pre-K in SY 26-27) may attend standard Camp TRS. See camptrs.org for registration information.

_____ Rising 3s (turning 3 before 9/30/**27;** turning 2 before 9/30/**26**)

_____ Rising Pre-K (turning 4 before 9/30/**27;** turning 3 before 9/30/**26**)

Program Options

_____ 5 week session (6/21/27 - 7/23/27)

_____ 6 week session (6/21/27 - 7/30/27)

_____ 8 week session (6/21/27 - 8/13/27)

_____ Noon dismissal (9:00 a.m. - 12:00 p.m.)

_____ 2:00 dismissal (9:00 a.m. - 2:00 p.m.)

_____ Full Day (9:00 a.m. - 5:30 p.m.)

TRS Programs Extending the Day

Please mark all Extending the Day options you are interested in.

_____ Before care (8:00 - 9:00 a.m.; drop-ins accepted)

_____ Aftercare (2:00 - 3:00 p.m.; drop-ins accepted)
Only available to children in 2:00 dismissal programs.

Parent Signature _____ Date _____