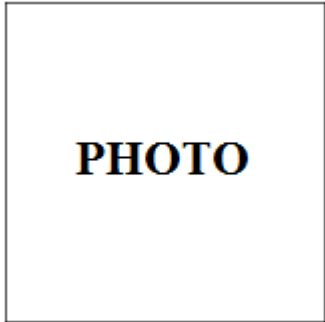




TEMPLE
BETH
SHOLOM
Early Childhood Center

401 Roslyn Road, Roslyn Heights, NY 11577 Tel. # (516) 621-1171
Email Address: earlychildhoodcenter@tbsroslyn.org



2017-2018 Registration Application

Child's Name _____ M/F _____ Birth Date _____

Child's Hebrew Name _____ TBS Member _____ Non-Member _____

Home Address _____ Town _____ Zip _____ School District _____

Home Telephone Number(s) _____ E-Mail Address _____

Names and ages of child's sibling(s)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Mother's Name _____ Father's Name _____

Mother's Work # _____ Father's Work # _____

Mother's Cell # _____ Father's Cell # _____

Authorized individuals, other than parents, to pick up or to contact in case of emergency:

Name _____ Home Phone # _____ Cell # _____ Relationship to Child _____

Name _____ Home Phone # _____ Cell # _____ Relationship to Child _____

Toddlers (2 yr)

Graduated Adjustment Period

	Member	Non-Member
___ 9:30-12:30 M/W/F	\$5560	\$6790
___ 9:30-12:30 M-F	\$6620	\$7850

Nursery (3 yr)

	Member	Non-Member
9:30-1:30 M-F	\$7040	\$8510

Pre-K (4 yr)

	Member	Non-Member
9:15-2:15 M-F	\$8065	\$9540

Ask about our: Mommy & Me Program (11-22 months)

Baby & Me Program (3-11 months)

10% Sibling Discount

Please Note: Additional \$200 Security Fee

A deposit of \$600 is required.

(Please sign on reverse)

DEPOSIT REFUND POLICY

\$300 is refundable, when notice of withdrawal is given in writing before March 3, 2017. NO REFUND WILL BE GIVEN AFTER MARCH 3, 2017.

TUITION REFUND POLICY

- a. By June 30th full tuition refund (excluding deposit)
- b. By September 1st – 80% tuition refund (excluding deposit)
- c. Between September 1st & October 31st – 50% tuition refund (excluding deposit)
- d. NO REFUND WILL BE GIVEN AFTER NOVEMBER 1, 2017.

Temple Beth Sholom Early Childhood Center reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety, or emotional problems that the school deems may endanger the welfare of the children. The school does not have a nurse on the premises. It is agreed that the school will have no responsibility or liability for the transportation of the children. The school is not responsible for children before official arrival or after dismissal. School will be closed when the safety of the children is in question.

Placement in an age appropriate class and choice of teacher shall be made at the sole discretion of the school.

Parent/Guardian must provide the proper medical forms before the school year begins as required by N.Y. State Regulations.

The designated tuition for my child’s class will be paid according to the payment schedule below:

- 1st Payment June 2, 2017 (Registration is not considered complete until payment is made.)
- 2nd Payment September 3, 2017 (Child will not be admitted to school without payment.)
- 3rd Payment December 3, 2017

The deposit is applied to the third payment.

Payments can be made by cash, credit card (a 3% service fee will be added to each charge) or check made payable to Temple Beth Sholom.

____ Yes, I give permission for my child’s photo to be put on the Temple Beth Sholom website/bulletin/Facebook without any identifying name.

____ Yes, I give permission to have contact information in the student directory.

Signature_____ Date_____ Amount of Deposit_____