

2008-2009
Temple Beth Sholom
Early Childhood Center Registration Application

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

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 Phone # _____ Father's Phone # _____

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

People to contact in Emergency (other than parents):

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

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

Toddlers (2 yr)

Nursery (3 yr)

Graduated Adjustment Period

		Member	Non-Member		Member	Non-Member
___	9:10-12:10 M-F	\$5650	\$6700	9:30-1:30 M-F	\$5500	\$6650
___	9:40-12:40 M/W/F	\$4750	\$5800			

Pre-K (4 yr)

	Member	Non-Member
9:15-2:15 M-F	\$6300	\$7450

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

Baby & Me Program (3-11 months)

10% Sibling Discount

Please Note: Additional \$125 Security Fee

A deposit of \$500 is required. \$200 is refundable, when notice of withdrawal is given in writing before March 1, 2008. NO REFUND WILL BE GIVEN AFTER MARCH 1, 2008.

(Please sign on reverse)

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 the children before official arrival or after dismissal. School will be closed when the safety of the children is in danger.

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 1, 2008 (Registration is not considered complete until payment is made.)
- 2nd Payment September 1, 2008 (Child will not be admitted to school without payment.)
- 3rd Payment December 1, 2008

The deposit is applied to the third payment.

Payments can be made by cash, credit card or check made payable to Temple Beth Sholom.

____ Yes ____ No I hereby grant permission for my child's photo to be put on the Temple Beth Sholom website/bulletin without any identifying name (please initial in the appropriate place).

Also, please note this allows other congregants to see what is happening at the Early Childhood Center and at the synagogue.

Signature _____ Date _____ Amount of Deposit _____