



TEMPLE
BETH
SHOLOM
Early Childhood Center

401 Roslyn Road, Roslyn Heights, NY 11577 Tel. # (516) 621-1171

Email Address: earlychildhoodcenter@tbsroslyn.org Web: <http://www.tbsroslyn.org/>

2010-2011 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 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)

Graduated Adjustment Period

	Member	Non-Member
___ 9:30-12:30 M/W/F	\$4750	\$5800
___ 9:30-12:30 M-F	\$5650	\$6700

Nursery (3 yr)

	Member	Non-Member
9:30-1:30 M-F	\$5780	\$6990

Pre-K (4 yr)

	Member	Non-Member
9:15-2:15 M-F	\$6620	\$7830

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

Baby & Me Program (3-11 months)

10% Sibling Discount

Please Note: Additional \$150 Security Fee

A deposit of \$600 is required. \$300 is refundable, when notice of withdrawal is given in writing before March 1, 2010. NO REFUND WILL BE GIVEN AFTER MARCH 1, 2010.

(Please sign on reverse)

Busing and Transportation

Bus transportation is available through an outside company. The company that our Early Childhood Center recommends is Any Time Bus Co., (516) 333-1800, ask for Paul. Please feel free to contact him. Should you need any further assistance in this matter, please feel free to be in touch with us.

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, 2010 (Registration is not considered complete until payment is made.)

2nd Payment September 1, 2010 (Child will not be admitted to school without payment.)

3rd Payment December 1, 2010

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).

Signature _____ Date _____ Amount of Deposit _____