



Child's Full Name: _____

Child's Birth Date: _____

Registration Guidelines and Information Financial Policies

To register, please return this form along with a \$150 non refundable deposit payable to Temple Shalom in Broomall. This deposit will guarantee your child's spot and \$100 of this fee will be applied towards tuition.

By signing this Enrollment Agreement, I acknowledge the following:

1. The non-refundable Registration Fee (see above)
2. School year's tuition paid in full or monthly installments. Refunds are available in the following circumstances:
 - Long term illness of the student
 - Family moving permanently from the communities that our school serves
 - Determination that student placement at Temple Shalom is considered detrimental to the student or the school
3. Weekly changes to the enrollment days and times may only be made in consultation with the school Director. Once approved, there is a fee of \$40 /morning or \$80 /day to add a day onto school.
4. There are no refunds for missed school days or vacations.
5. Families choosing to pay tuition in full will receive a 1% discount to the total bill. Families choosing monthly installments may use credit card (with additional processing fee), electronic funds transfer from a bank account or personal check. Those families paying by check must also provide a valid credit card number which will only be charged after monthly tuition is 30 days past due.

Written acceptance of your child's reserved space will be mailed to parents with receipt of this form and deposit. Cancellation of enrollment at anytime must be received in writing.

An enrollment packet and a family handbook will be mailed to each family during the summer. The forms in the enrollment packet must be completed and returned to the preschool office no later than two weeks prior to the child's start date (June 15, 2018 for year-round children; August 15, 2018 for school year children). ***Children may not begin school without the completion of the forms***

I/We agree to be bound by the terms of this Enrollment Agreement:
(both parents / legal guardians sign below)

Signature of Parent/Guardian 1 Date _____

Print Name _____

Signature of Parent/Guardian 2 Date _____

Print Name _____

Office Use Only

Admission Date _____ Withdraw Date _____

REGISTRATION FEE: _____ CHECK # _____ Date _____

**Etta Natalie Rosenblatt Preschool
at Temple Sholom in Broomall
REGISTRATION APPLICATION 2018-2019**

Child's Name _____ M _____ F _____

Home Address _____ City _____ Zip _____

Child's Date of Birth _____ Age (as of Sept 1, 2018) _____

1. Parent's Name _____ Cell Phone _____ Work Phone _____

Email _____ Home Phone _____

2. Parent's Name _____ Cell Phone _____ Work Phone _____

Email _____ Home Phone _____

3. Person designated by parents to whom child can be released

Name _____

Name _____

Are you members of Temple Sholom in Broomall? yes _____ no _____

Temple Sholom Preschool strives to be inclusive of all children. In order to best meet the needs of your child, please answer the following questions:

Has your child ever been evaluated for Early Intervention Services through public or private entity? _____

Has your child ever received Early Intervention Services through public or private entity? _____

What were the areas of concern? _____

Is your child currently receiving services through public or private entity? _____

If yes, in what areas? _____

Please indicate your child's schedule. All children will be placed in classes based on their birthdates.

	Morning Program 9am-12pm	Full Day Program 9am-3pm	Lunch Bunch 12pm-1pm	Early Care 8am-9am	Late Care 3pm-4pm	Late Care 3pm-5pm*	Extended Day 8am-5pm*
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
My child is registering for School Year Only							
My child is registering for Year Round Care							

All information provided is true, accurate and complete to the best of my knowledge.

Signature of Parent/Guardian Date _____

Print Name _____

(Please turn page over and read, review and sign the back)

**Periodic Review/Change of Information
Please sign February 24, 2019**

Signature

Date