



Etta Natalie Rosenblatt Preschool

REGISTRATION APPLICATION 2017-2018

Child's Full Name _____ Birth Date _____

HALF DAY PRESCHOOL

Hours: 9:00 AM-12:00 Noon
September 2017 through June 2018

	Members	Non Member
<input type="checkbox"/> 2 Mornings	\$3,860/year	\$4,400/year
<input type="checkbox"/> 3 Mornings	\$3,930/year	\$4,760/year
<input type="checkbox"/> 4 Mornings	\$4,330/year	\$5,070/year
<input type="checkbox"/> 5 Mornings	\$4,610/year	\$5,420/year

Infant/Baby Room

<input type="checkbox"/> 3 Mornings	\$4,620/year	\$5,590/year
<input type="checkbox"/> 4 Mornings	\$5,080/year	\$5,950/year
<input type="checkbox"/> 5 Mornings	\$5,420/year	\$6,360/year

KinderEnrichment

<input type="checkbox"/> 5 Mornings	\$4,610/year	\$5,420/year
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FULL DAY PRESCHOOL

Hours: 9:00 AM-3:00 PM
September 2017 through June 2018

	Members	Non Member
<input type="checkbox"/> 3 Days	\$6,600/year	\$7,320/year
<input type="checkbox"/> 4 Days	\$7,000/year	\$7,780/year
<input type="checkbox"/> 5 Days	\$7,510/year	\$8,340/year

Infant/Baby Room

<input type="checkbox"/> 3 Days	\$7,760/year	\$8,600/year
<input type="checkbox"/> 4 Days	\$8,230/year	\$9,140/year
<input type="checkbox"/> 5 Days	\$8,820/year	\$9,800/year

Early Care: 8:00 AM-9:00 AM

<input type="checkbox"/> Per Day	\$15	\$15
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Late Care: 3:00 PM-5:00 PM

<input type="checkbox"/> Per Day	\$15	\$15
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Preschool Services Include:

Full educational programming & care, positive Jewish identity including weekly Havdalah & Shabbat. Music, fitness & science specials. Optional lunch.

Registration Guidelines and Information

To register, please return this form along with a \$150 non refundable deposit payable to Temple Sholom in Broomall. This deposit will guarantee your child's spot. *Register before May 1st and we will waive the \$50 registration fee and apply your \$100 deposit towards tuition.* After May 1st, \$100 of the deposit will be applied to tuition.

By signing this Enrollment Agreement, I understand that I am obligated to pay the following:

1. The non-refundable Registration Fee (see above)
2. School year's tuition paid in full or monthly installment, with no refund, except under the following circumstances:
 - Long term illness of the student
 - Student moving permanently from Broomall and surrounding communities that our school serves
 - The school administration's determination that the student withdraw if placement is considered detrimental to the student or the school
3. I understand that \$100.00 of this fee will be applied towards the tuition

Written acceptance of a reserved space for your child 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 preschool handbook will be mailed to each family in July 2017. The forms in the enrollment packet must be completed and returned to the preschool office no later than August 15, 2017.

Children may not begin school without the completion of the forms.

**Etta Natalie Rosenblatt Preschool
at Temple Sholom in Broomall
REGISTRATION APPLICATION 2017-2018**

Child's Name _____ M _____ F _____

Home Address _____ City _____ Zip _____

Home Phone Number _____

Child's Date of Birth _____ Age (as of Sept 1, 2017) _____

1. Parent's Name _____

Work Phone _____

Cell Phone _____

Email _____

2. Parent's Name _____

Work Phone _____

Cell Phone _____

Email _____

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 as inclusive as possible of all preschool children who wish to join us as learners. 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? _____

Has your child ever received Early Intervention Services? _____

What were the areas of concern? _____

Is your child currently receiving services? _____

If yes, in what areas? _____

I/We agree to be bound by the terms of this Enrollment Agreement:

_____ Date _____
Signature of Parent/Guardian

Print Name _____

Periodic Review/Change of Information Please sign February 24, 2018

Signature

Date

Office Use Only

Admission Date _____

Withdraw Date _____

REGISTRATION FEE: _____ CHECK # _____ Date _____