



REGISTRATION APPLICATION 2018-2019

Child's Name: _____

Last

First

DOB: _____ Age as of 10/1/2018 _____ yrs _____ months Sex: _____

Address: _____ City _____ Zip _____

Member _____ Non-Member _____ Other Synagogue affiliation _____

Parent #1: _____ Parent #2: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ Email: _____

PROGRAM YOU ARE REGISTERING FOR: (check class, circle schedule, days and extra hours)

INFANT (7AM-6PM)	SCHEDULE: 2 DAYS			3 DAYS	5 DAYS
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
_____ 12 MONTH	_____ 2 YEARS	_____ 3 YEARS	_____ PRE-K		
# of days	_____ 2 days	_____ 3 days	_____ 5 days		
Schedule	_____ 7am – 6pm	_____ 9am – 12:30pm	_____ 9am-3:00		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	

ADDITIONAL SCHEDULED HOURS (see rate sheet and policies for details):

EARLY CARE		LATE CARE		
7:00-9:00	8:00-9:00	3:00-4:00	3:00-5:00	3:00-6:00

I agree to pay a non-refundable/non-applicable to tuition, registration fee of \$150 for the first child and \$50 for each additional within 48 hours of receiving e-mail confirmation of my child's 2018-12019 school year schedule.

Parent/Guardian Signature: _____ Date: _____