

**Rodef Shalom Early Childhood Education Center
REGISTRATION APPLICATION 2017 – 2018**

Name of Child _____

Date of Birth _____ *Last* Age as of Oct. 1, 2017 _____ yrs. _____ *First* months. Sex _____

IF YOUR HOME AND CONTACT INFORMATION HAVE NOT CHANGED PLEASE INITIAL HERE: _____

Address _____ City _____ Zip _____

Member _____ Non-Member _____ Other Synagogue affiliation _____

Parent: #1/Responsible Party _____ Parent's #2 _____

Occupation _____ Occupation _____

Business Phone _____ Business Phone _____

Cell Phone/Pager _____ Cell Phone/Pager _____

PROGRAM YOU ARE REGISTERING FOR: (check one and circle time choice)

_____ Infant	M-F _____	M/W/F _____	T/TH _____	7:00- 6:00/4PM on Friday
_____ 12-month	<u>(M, W, F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ 12-month	<u>(T & TH)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ 12-month	<u>(M-F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Two's	<u>(M, W, F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Two's	<u>(T & TH)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Two's	<u>(M -F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Three's	<u>(M, W, F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Three's	<u>(T & TH)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Three's	<u>(M-F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Pre-K	<u>(M, W, F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday
_____ Pre-K	<u>(T & TH)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4 PM on Friday
_____ Pre-K	<u>(M-F)</u>	9:00 – 12:30	9:00 – 3:00	7:00 – 6:00/4PM on Friday

***A non-refundable/non-applicable to tuition, registration fee of \$150.00 for the first child and \$50 for each additional child, must accompany your application. I agree to pay tuition by the 15th of each month.**

Parent/Guardian Signature _____ Date _____