



Part-Day Registration Form

School Year 2024–2025

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Age: _____ Gender: ☐ Boy ☐ Girl

Address: _____

City: _____ State: _____ Zip: _____

NOTE: Selma Maisel Nursery School will use Parent/Guardian 1's information for emergency contact.

Parent/Guardian 1 Name: _____

Relationship to Child: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Siblings' Names and Birthdays: _____

Anticipated Elementary School _____ ☐ Public ☐ Private

Temple Sholom Member: ☐ Yes ☐ No

Please fill out next page →

Part-Day Tuition*

School Year 2024–2025

	Program	Temple Member	Non-Temple Member
<input type="checkbox"/>	2 day 2's (T, Th), 9:15 am–12:00 pm	\$5,650	\$7,370
<input type="checkbox"/>	3 day 2's (M, W, F), 9:15 am–12:00 pm	\$8,705	\$11,280
<input type="checkbox"/>	5 day 2's Monday–Friday, 9:15 am–12:00 pm	\$14,355	\$18,650
<input type="checkbox"/>	3's Monday–Friday, 9:00 am–1:00 pm	\$15,090	\$17,675
<input type="checkbox"/>	4's Monday–Friday, 8:45 am–1:00 pm	\$15,090	\$17,675

*Prices subject to congregational approval in May 2024.

I have read the parent handbook. I agree to the policies of Temple Sholom Selma Maisel Nursery School and agree to pay the balance by April 30, 2024. There will be additional Security Fees.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

All class placements are made solely at the discretion of the Director

I understand that the \$1000.00 Registration Fee is non-Refundable

Parent Signature

☐ I am paying my deposit by check (made out to Selma Maisel Nursery School).

☐ I am paying my deposit by credit card: ☐ MasterCard ☐ VISA

Name on Card: _____ Expiration Date: _____

Card Number: _____

Cardholder Signature: _____

Please fill out the following if the Billing Address is different from the Parents' Address(es):

Address: _____ City: _____ State: _____ Zip: _____

For office use only

Date Received: _____ Check #: _____ Amount: _____ Start Date: _____