



**Temple Shalom**

Selma Maisel Nursery School

...a place where learning & discovery begin

# Full Day Registration Form

## School Year 2024–2025

Today's Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

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 Shalom Member: ☐ Yes ☐ No

Please fill out next page →

# FULL DAY TUITION\* RATES – MONTHLY

## School Year 2024–2025

INFANT/ TODDLER	Days Attending–Please check	Temple Sholom Member	Non-Member
5 Days	<input type="checkbox"/> Mon–Fri	\$2,580	\$2,795
4 Days ( <i>Choose 4</i> )	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	\$2,190	\$2,390
3 Days	<input type="checkbox"/> Mon, Wed, Fri	\$1,675	\$1,835
2 Days	<input type="checkbox"/> Tue, Thu	\$1,360	\$1,475
PRE-SCHOOL			
5 Days	<input type="checkbox"/> Mon–Fri	\$2,155	\$2,365
4 Days ( <i>Choose 4</i> )	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	\$1,830	\$2,010
3 Days	<input type="checkbox"/> Mon, Wed, Fri	\$1,465	\$1,620
2 Days	<input type="checkbox"/> Tue, Thu	\$1,105	\$1,230

\*Prices subject to congregational approval in May 2024.

## SERVICE AGREEMENT

I wish to enroll my child in the Temple Sholom Selma Maisel Nursery School. Enclosed is one month of tuition. This is a non-refundable deposit, and will be applied to my first month in the Nursery School. I understand that tuition is based on a monthly fee. The rate will be the same regardless of snow days, school vacation, half days and holidays. **I have read and understand all policy and tuition information and agree to comply.** In signing this agreement, I have reserved my child's space until 45 days after written notice is received. Selma Maisel Nursery School will not accept less than 45 days written notice of withdrawal of your child from our program. Selma Maisel Nursery School reserves the right to charge for full services, throughout the notice period. **Services are paid one month in advance. Tuition and deposit are non-refundable and non-transferable if at any time services are terminated by you or Selma Maisel Nursery School.** Tuition can either be paid in full or a monthly payment plan can be established. There will be additional annual Security Fees.

☐ I have read the Parent Handbook and I agree to the policies of Temple Sholom Selma Maisel Nursery School.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

☐ I am paying my deposit by check (attached, 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:** \_\_\_\_\_