

Child #1 Information

Last Name		Last Name		Middle Name		Hebrew Name		Date of Birth			
2/3 year olds Starfish <input type="checkbox"/>			3/4 year olds Sea Otters <input type="checkbox"/>			4/5 year olds Dolphins <input type="checkbox"/>			Please choose weeks you wish to attend: <input type="checkbox"/> Week 1 (June 19-23) <input type="checkbox"/> Week 2 (June 26-30) <input type="checkbox"/> Week 3 (July 3-7) <input type="checkbox"/> Week 4 (July 10-14) <input type="checkbox"/> Week 5 (July 17-21) <input type="checkbox"/> Week 6 (July 24-28) <input type="checkbox"/> Week 7 (July 31-Aug 4) <input type="checkbox"/> Week 8 (August 7-11)		
<input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days Please mark days you wish to attend <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri			Please Choose Schedule Option <input type="checkbox"/> 9:00am-1:00pm <input type="checkbox"/> 9:00am-3:00pm <input type="checkbox"/> 9:00am-5:00pm <input type="checkbox"/> Early-Bird Drop Off 8:00am-9:00am								

Child #2 Information

Last Name		Last Name		Middle Name		Hebrew Name		Date of Birth			
2/3 year olds Starfish <input type="checkbox"/>			3/4 year olds Sea Otters <input type="checkbox"/>			4/5 year olds Dolphins <input type="checkbox"/>			Please choose weeks you wish to attend: <input type="checkbox"/> Week 1 (June 19-23) <input type="checkbox"/> Week 2 (June 26-30) <input type="checkbox"/> Week 3 (July 3-7) <input type="checkbox"/> Week 4 (July 10-14) <input type="checkbox"/> Week 5 (July 17-21) <input type="checkbox"/> Week 6 (July 24-28) <input type="checkbox"/> Week 7 (July 31-Aug 4) <input type="checkbox"/> Week 8 (August 7-11)		
<input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days Please mark days you wish to attend <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri			Please Choose Schedule Option <input type="checkbox"/> 9:00am-1:00pm <input type="checkbox"/> 9:00am-3:00pm <input type="checkbox"/> 9:00am-5:00pm <input type="checkbox"/> Early-Bird Drop Off 8:00am-9:00am								

Parent 1			Parent 2		
Home #			Home #		
Cell #			Cell #		
Work #			Work #		
Address			Address		
City		Zip Code	City		Zip Code
E-mail Address			E-mail Address		

(A credit card guarantee is required even if you intend to pay the balance of tuition by checks.)

Payment Method:		<input type="checkbox"/> Check # _____		<input type="checkbox"/> Credit card	
We only accept: Visa – Mastercard - Discover		CVV#:			
Name on Credit Card:			Expiration date		We reserve the right to charge your credit card for any school related balance that is not paid within the agreed upon time frame. ____ (initials)
Credit Card Number:					

Parent Signature

Date

Parent Signature

Date