



Mickey Fried Preschool

of Oheb Shalom Congregation 

170 Scotland Road South Orange, New Jersey 07079
 (973) 762-7069 sloanegoldstein@ohebshalom.org

Tuition Schedule: September 2020-June 2021

Classes	Synagogue Member Tuition	Non-Member Tuition
5 Days (9:00-12:00) All 4s must attend 5 days	\$5475	\$6775
4 Days (9:00-12:00)	\$4385	\$5420
3 Days (9:00-12:00)	\$3550	\$4620
2 Days (9:00-12:00)	\$2480	\$3515
Lunch Bunch 12:00-1:00	\$330 per day (full year) \$1620 (5 days/full year) Drop-in: \$16/day	\$520 \$2320 Drop-in: \$16/day
Enrichment+Lunch 12:00-2:30	\$750 per day (full year) \$3700 (5 days/full year) Drop-in: \$40/day	\$1095 \$5475 Drop-in: \$40/day
Extended Day 2:30-6:00	\$2050 for 1 day/week for the year \$4330 for 5 days/week for the year Cost for use on as-needed basis: \$16 per hour	Same
Early morning drop-off 8:00-9:00	\$455 for 1 day/week for the year \$1545 for 5 days/week for the year Cost for use on as-needed basis: \$12 per hour	Same
Sibling Discount	\$150 off tuition for each sibling	Same

A \$400 (\$250 for Oheb members) deposit is required along with this application to secure a space in class for your child/ren. This deposit is non-refundable after March 31, 2020. (\$200 is refundable prior to that date.) *Requests for teachers can be made but are not guaranteed.* Checks must be made out to Oheb Shalom Congregation.

EARLY BIRD DISCOUNT! *If you complete and return the application along with deposit by March 31, 2020, you will receive \$100 off tuition!*



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PERSONAL INFORMATION

Child's Name _____

Last

First

Age as of October 1, 2020 _____ Date of Birth _____

Gender _____ M _____ F

Parent(s) Name:

Parent 1 _____

Parent 2 _____

Address: _____

Street

City

Zip

Phone number: _____ (cell)

_____ (home)

_____ (work/if applicable)

Email address: _____

Are you an Oheb Shalom Member? Yes _____ No _____ Interested in becoming members _____

If no, Member of another congregation? _____

Has this child attended Nursery School before? Yes _____ No _____

Have any of your other children attended Mickey Fried? _____ If yes, when? _____

Parent signature _____ Date _____

[Office Use Only]

Deposit Received Date _____ Check # _____ Other _____

Early Bird Discount _____ Sibling Discount _____



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Class Preference Sheet

Please check desired days and times

Child Name _____

Parent Name _____

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Early Drop-off 8:00-9:00					
Preschool 9:00-12:00					
Lunch Bunch 12:00-1:00					
Enrichment 12:00-2:30					
Extended Day 2:30-6:00					