



# Mickey Fried Preschool

of Oheb Shalom Congregation



170 Scotland Road South Orange, New Jersey 07079  
(973) 762-7069 [nurserydir@ohebshalom.org](mailto:nurserydir@ohebshalom.org)

## Tuition Schedule: September 2019-June 2020

Classes	Synagogue Member Tuition	Non-Member Tuition
5 Days (9:00-12:00) All 4s must attend 5 days	\$5315	\$6575
4 Days (9:00-12:00)	\$4255	\$5260
3 Days (9:00-12:00)	\$3445	\$4485
2 Days (9:00-12:00)	\$2405	\$3410
Lunch Bunch 12:00-1:00	\$320 per day (full year) \$1570 (5 days/full year)	\$505 \$2250
Enrichment+Lunch 12:00-2:30	\$730 per day (full year) \$3590 (5 days/full year)	\$1065 \$5315
Extended Day 2:30-6:00	\$1990 for 1 day/week for the year \$4200 for 5 days/week for the year Cost for use on as-needed basis: \$15 per hour	Same
Early morning drop-off 8:00-9:00	\$12 per day \$440 for 1 day/week for the year \$1500 for 5 days/week for the year	Same
Sibling Discount	\$150 off tuition for each additional 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 30, 2019. (\$200 is refundable prior to that date.) *Requests for teachers can be made but are not guaranteed.* Placement in a particular class is dependent on space availability, as well as the discretion of the director and teachers. Checks can be made out to **Oheb Shalom Congregation**.

**EARLY BIRD DISCOUNT!** If you complete and return the application along with the \$400 deposit by March 30, 2019, you will receive **\$100 off tuition!**



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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					
After-care 2:30-6:00					



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## PERSONAL INFORMATION

Child's Name \_\_\_\_\_

Last

First

Age as of October 1, 2019 \_\_\_\_\_ 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 \_\_\_\_\_