



THREES 2019-2020 REGISTRATION FORM

Lauren Elise Bier
Nursery School

at Congregation AABJ&D

Family Name _____

Child's First Name _____

Child's Nickname _____

Child's Hebrew Name _____

Date of Birth _____

Address _____

Home Phone _____

Father's Name _____

Mother's Name _____

Father's Cell _____

Mother's Cell _____

Father's Email: _____

Mother's Email _____

Father's Occupation: _____

Mother's Occupation: _____

Work Address: _____

Work Address: _____

Work Number: _____

Work Number: _____

Family Physician _____

Phone _____

Other children in family, names and ages _____

In case of emergency, neighbors or relatives who would be available to pick up your child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Health Information: Allergies, Physical Limitations, Other Relevant Information:



Lauren Elise Bier
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**THREES
HOURS AND FEES**
Monday-Thursday 9:00 AM-3 PM
Friday 9:00 AM- 1:30 PM

Registration Fee \$500 Must accompany registration forms
Activity Fee \$50 Must accompany registration forms

REGISTER BY MARCH 29th AND SAVE \$300!

Member Rates		\$6,600	Early bird Special until 3/29/19
		\$6,900	After 3/29 acceptance based on availability
Non-Member Rates		\$7,100	Early bird Special until 3/29/19
		\$7,400	After 3/29 acceptance based on availability

Please select one of the following payment schedules:

- Checks payable to Congregation AABJ&D
 - ___ 10 postdated checks dated 1st of each month (Sept 2019 - June 2020)
 - ___ 2 postdated checks (Sept 2019 and Jan 2020)

- Credit Card payment (\$100 service charge will be added to Sept payment)

Choose payment schedule above and fill out information below:

- Visa Master Card AMEX

Card # _____ CVV# _____ Exp. ____/____/____

Signature: _____

I hereby enroll my child _____ at The Lauren Elise Bier Nursery School. I agree to pay AABJ&D the fees listed above less any financial assistance awarded. I understand that failure to pay the fees listed above may result in termination of my child's enrollment in the program.

Signed _____ Date ____/____/____

Check one: ___3 days ___5 days

NON REFUNDABLE \$500 registration fee and \$50 activity fee must accompany form (not applied toward tuition fees.) Postdated checks or credit card payment must be included with form. Applications will not be accepted without payment.



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EXTENDED HOURS

NAME: _____

This program of before and aftercare will be supervised by Nursery School staff members. It will include nap/rest for the Tiny Tots and 2s, snack, story time, gym time, and use of the classroom centers.

Options	Days	Price	Please specify desired days				
			M	T	W	Th	F
Tiny Tots/ 2s/3s/4s AM Care Only	5 days	\$1,000					
8:00 – 9:00am	4 days	\$ 850					
	3 days	\$ 700					
	2 days	\$ 600					
Tiny Tots/ 2s PM Care Only							
12:30 PM-4:30 PM Monday-Thursday	4 days	\$3,000					
	3 days	\$2,500					
	2 days	\$1,900					
Tiny Tots/ 2s AM & PM Care							
8:00-9:00 am	5 days AM + 4 days PM	\$3,730					
12:30 PM-4:30 PM Monday-Thursday	4 days	\$3,530					
	3 days	\$2,830					
	2 days	\$2,130					
3s/4s PM Care Only							
3:00 – 4:30 pm Monday-Thursday	4 days	\$1,800					
	3 days	\$1,600					
	2 days	\$1,200					
3s/4s AM & PM Care							
8:00-9:00 am	5 days AM+ 4 days PM	\$2,530					
3:00 – 4:30 pm Monday-Thursday	4 days	\$2,330					
	3 days	\$1,930					
	2 days	\$1,430					



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EXTENDED DAY continued

Please select one of the following payment schedules:

- Checks payable to Congregation AABJ&D
 - ___ 10 postdated checks dated 1st of each month (Sept 2019 - June 2020)
 - ___ 2 postdated checks (Sept 2019 - Jan 2020)

- Credit Card payment

Choose payment schedule above and fill out information below:

- Visa Master Card AMEX

Card # _____ CVV# _____ Exp. ___/___

Signature: _____

I hereby enroll my child _____ at The Lauren Elise Bier Nursery School. I agree to pay AABJ&D the fees listed above less any financial assistance awarded. I understand that failure to pay the fees listed above may result in termination of my child's enrollment in the program.

Signature _____ Date ___/___/___



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SUPER EXTENDED HOURS

NAME: _____

This program of before and aftercare will be supervised by Nursery School staff members. It will be an extension of our regular extended day program.

Options	Days	Price	Check Here
Tiny Tots/2s/3s/4s AM Care Only	5 days- 7:30-8:00 AM	\$700	
Tiny Tots/2s/3s/4s PM Care Only	4 days- 4:30-5:00 PM	\$550	
Tiny Tots/2s/3s/4s AM & PM Care	5 days AM + 4 days PM	\$1200	

Please select one of the following payment schedules:

- Checks payable to Congregation AABJ&D
 _____ 1 check
 _____ 2 postdated checks (Sept 2019 - Jan 2020)

- Credit Card payment

Choose payment schedule above and fill out information below:

- Visa Master Card AMEX

Card # _____ CVV# _____ Exp. ____/____

Signature: _____

I hereby enroll my child _____ at The Lauren Elise Bier Nursery School Super Extended Day. I agree to pay AABJ&D the fees listed above.

Signature _____

Date ____/____/____