



Thelma K. Reisman Preschool of Beth El

2017 - 2018 PRESCHOOL APPLICATION

CHILD INFORMATION:

Last Name: _____ First Name: _____
 Address: _____
 Home Phone: _____ Date of Birth: _____ Sex: _____
 Sibling #1 (Name/Age): _____ Sibling #2 (Name/Age): _____
 Current Class or School: _____

PARENT INFORMATION:

Parent #1 Name: _____	Parent #2 Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	Email: _____
Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Sep	Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Sep
Occupation: _____	Occupation: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____

EMERGENCY CONTACT INFORMATION:

Contact #1 Name: _____	Contact #2 Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____
Pediatrician Name: _____	Pediatrician Phone: _____

SELECT YOUR CHILD'S PROGRAM:

Little Learners	<i>This is a once a week program (Thurs) _____ 1 Morning</i>	
Twos Program	<input type="checkbox"/> 2 Mornings	Select which days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
	<input type="checkbox"/> 3 Mornings	
	<input type="checkbox"/> 4 Mornings	
	<input type="checkbox"/> 5 Mornings	
Threes Program	<input type="checkbox"/> 3 Mornings	Select which days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
	<input type="checkbox"/> 4 Mornings	
	<input type="checkbox"/> 5 Mornings	
Fours Program	<i>Note: This is a 5-day program (Mon-Fri) _____ 5 Mornings</i>	

ADD-ONS: (Extended Day Minimum of 2 Days)

Early Drop-Off	7:30AM – 9:00AM	Select which days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Afternoon Enrichment	12:00PM – 2:30PM	Select which days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Extended Day	2:30PM – 6:00PM	Select which days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Extended Day	2:30PM – 6:30PM	Select which days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Please see back. Terms of enrollment must be signed and returned.

**Terms of Enrollment
Payment/Refund Policy**

TERMINATION OF ENROLLMENT

If the registration is cancelled prior to March 1, 2017, only the \$200 tuition deposit will be returned.

If the registration is cancelled prior to April 13, 2017, only \$100 of the tuition deposit will be returned.

If the registration is cancelled after April 13, 2017 there will be no return of the deposit.

Once the school year has begun, if a child is withdrawn from the program prior to December 31, 2017 half of the tuition (less the \$200 deposit) will be returned.

If a child is withdrawn after December 31, 2017, there will be no refund of tuition.

SIGNATURE: _____ **DATE:** _____

MISCELLANEOUS

1. I give permission for my child to participate in all school activities.
2. I understand that every child must have completed medical forms, signed by the physician, including immunization records, on file in the Preschool office before the child enters the program.
3. I understand that no refunds for school closings necessitated by health, safety, inclement weather, holidays, or any other emergency will be provided.

SIGNATURE: _____ **DATE:** _____

PHOTOGRAPH PERMISSION

I hereby give permission for photographs and video to be taken of my child and used for promotional material.

___ YES

___ NO

SIGNATURE: _____ **DATE:** _____

Please print, sign and return to:
Danielle Weitz, Director, Thelma K. Reisman Preschool of Beth El
222 Irvington Avenue, South Orange, NJ 07079 • 973-763-0113 • www.bethelnj.org