

Thelma K. Reisman Preschool of Beth-El

222 Irvington Avenue, South Orange, N.J 07079 973-763-0113

2008 - 2009 Preschool Application

Date of Application _____ Deposit Amount Enclosed \$ _____

Child's Last Name _____ Child's First Name _____

Child's Birth date ___/___/___ Sex M / F Current Class or School _____

Street Address _____ City _____ State _____ Zip _____

Home Phone () _____ Family e-mail _____

Siblings _____
 Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

Parent #1 Beth El Member Y / N

Parent #2 Beth El Member Y / N

Name (first last) _____

Name (first last) _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

(If different from child)

(If different from child)

Phones (H) ___() _____

Phones (H) ___() _____

(W) ___() _____

(W) ___() _____

(C) ___() _____

(C) ___() _____

Marital Status S / M / D / W / Sep

Marital Status S / M / D / W / Sep

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Emergency Contacts (Other than parents)

Contact #1 Name _____

Contact #2 Name _____

Relationship to child _____

Relationship to child _____

Phones (Home, Work, Cell) () _____

Phones (Home, Work, Cell) () _____

(Home, Work, Cell) () _____

(Home, Work, Cell) () _____

Pediatrician's Name _____

Phone () _____

Program (Please **check and circle days** where appropriate)

___ 2 Day 2's (Tuesday, Thursday) ___ 3 Day 2's (Monday, Wednesday, Friday) ___ 3 Day 3's (Monday, Wednesday, Friday)

___ 4 Day 3's (M, T, W, Th, F) (circle days) ___ 5 Day 4's (M, T, W, Th, F) (9 -12) ___ 5 day 4's (Monday, Wednesday (9-2)

(Tuesday, Thursday, Friday (9-12)

___ 5 Day 3's (M, T, W, Th, F) (circle days)

Add Ons (For 3's, 4's) Breakfast Club (circle): M T W Th F Afternoon Enrichment: 12:00-2:30 M T W Th F

Please see back. Terms of enrollment must be signed.

For office use only M NM EB SIB TF

Terms of Enrollment

Payment/Refund Policy

A \$250 deposit is due with registration. This deposit includes a non-refundable \$50 bookkeeping fee and \$200 to be applied to the tuition.

Tuition is due in full by September 1, 2008 or arrangements must be made with the Preschool Director before September 1.

Termination of enrollment

If the registration is cancelled prior to March 1, 2008, only the \$200 tuition deposit will be returned.

If the registration is cancelled prior to April 15, 2008, only \$100 of the tuition deposit will be returned.

If the registration is cancelled after April 15 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, 2008, half the tuition (less the \$200 deposit) will be returned.

If a child is withdrawn after December 31, 2008, there will be no refund of tuition.

Signature _____ Date _____

Miscellaneous

1. I give permission for my child to participate in all school activities.
2. 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. No refunds for school closings necessitated by health, safety, inclement weather, holidays, or any other emergency will be provided.

I have read and agree to the above terms: _____ Date _____

Parent Signature

Thelma K. Reisman Preschool of Beth-El
Summer Camp Application
2008

Date of Application: _____ Amount Enclosed: _____

Child's Last Name: _____ First Name _____

Child's Birthdate: _____ Sex: M / F

Street Address _____ City _____ State _____ Zip _____

Home Phone () _____ Family e-mail _____

Parent #1 Beth El Member Y / N

Parent #2 Beth El Member Y / N

Name (first last) _____

Name (first last) _____

Relationship to child _____

Relationship to child _____

Address _____
(If different from child)

Address _____
(If different from child)

Phones (H) __ () _____

Phones(H) __ () _____

(W) __ () _____

(W) __ () _____

(C) __ () _____

(C) __ () _____

Pediatrician's Name _____ Phone () _____

Does your child have any allergies? ____ Yes ____ No If yes, please list them _____

Check program enrolled:

____ Bears (2- and 3-year olds) 9:30am – 12:00pm Monday – Thursday

____ Unicorns (older 3-and 4-year olds) 9:30am – 2:00pm Monday – Thursday

Number of weeks attending: 1 week ____ 2 weeks ____ 3 weeks ____ 4 weeks ____ 5 weeks ____ 6 weeks ____

Check the specific weeks and days the child will be attending:

Weeks: June 23 ____ June 30 ____ July 7 ____ July 14 ____ July 21 ____ July 28 ____

Days: Monday ____ Tuesday ____ Wednesday ____ Thursday ____

Optional 7th Week August 4 _____

Days: Mon ____ Tuesday ____ Wednesday ____ Thursday ____