



Temple Judea Nursery School Pre-Registration Form – new students only

Child's name _____ Boy ___ Girl ___ Today's date _____

Address _____

City _____ Zip _____ Home phone _____

E-mail address _____ Fax number _____

Parent's name _____ Day phone _____

Parent's name _____ Day phone _____

Parents are _____ Married _____ Divorced _____ Separated _____ Widowed _____

Child lives with _____ Birthdate _____ Current age _____

Please enroll my child for the class beginning:

Spring 2015 _____

Summer 2015 _____

Fall 2015 _____

Spring 2016 _____

Summer 2016 _____

Fall 2016 _____

Please select day option:

_____ 3-day option-9:00-12 Noon (Monday/Wednesday/Friday)

_____ 3-day option-9:00-1:30 pm (Mon & Wed 9-1:30; Fri 9-Noon)

_____ 5-day option-9:00-12 Noon

_____ 5-day option-9:00-1:30 Mon-Thurs; 9:00-Noon Fri

(Mandatory for Pre-K and Geshher Children)

All children must be at least 2 years old by the first of the month their Nursery School semester begins (i.e. 9/1 for Fall; 2/1 for Spring and 6/1 for Summer).

_____ Enclosed is my check made out to Temple Judea in the amount of \$500.00. Credit cards are also accepted (complete information below). \$250 of this is a one-time only registration fee and the balance of \$250 will be applied to my child's tuition. I understand that once my space has been guaranteed the entire fee is non-refundable. Note that membership is required to enroll a child in our Nursery School.

Parent's Signature _____ Date _____

Name on Credit Card _____

Credit Card Number _____ Expires _____

For office use only:

Membership verified by (initials) _____ Date _____

Rec'd _____ Check # _____ Check date _____ Amount \$ _____ Conf Ltr sent _____