Temple Beth Israel Preschool Registration Form
2008-2009

Child's Name _____ birth date _____
(must be 3 years old to enter)

Parents Name(s) _____

_____

Address _____ zip _____

Phone(s) _____ **email** _____

PROGRAM HOURS **9 AM - 2 PM**

5 days 4 days 3 days 2 days*
Weeschool Only

WEESCHOOL 3 years – 4 years				
PRESCHOOL 4 years- 5 years				X

EARLY AM AVAILABLE AS EARLY AS 7:30 BY REQUEST
Early Drop-In Available from 8 A.M. with no prior arrangement
All programs end at 2 P.M.

A $50 non-refundable deposit is required for new families and $25 for returning students.
No deposit is needed to be on the waiting list.
All waiting lists are kept on first come, first served basis.

Application date _____ Deposit Paid _____ Confirmation Date_____