

Gan Yeladim Early Learning Center 2013-14 Classes

Honey Bears – 2 yr. olds

Tuition: \$225/mo for members \$250/mo for non-members

Tue/Thu

9:00am – 11:30am

Alef Bet– 3 and 4 yr. olds

Tuition: \$275/mo for members \$295/mo for non-members

Mon/Wed/Fri

9:00am – 11:30am

Lunch Bunch

Optional extended day program for students age 3+

Price: \$14/child for each session

Mon/Wed//Fri

11:30am – 12:45pm

Supply Fees

(Due with the first month's tuition payment)

Honey Bear Class

\$50 per child

Alef Bet Class

\$55 per child (includes Vision/Hearing Screening)

Sibling Discount

The Early Learning Center offers a 10% tuition discount to families enrolling a second and/or third child into a program. The discount applies only to the second and third tuition.

Application Deadlines and Fees

(Please note that application fees are not refundable)

- **General Registration** – The fee for applications is \$65 per child, which must accompany each child's registration form.



**EARLY LEARNING CENTER APPLICATION
2013-14**

Date_____

Check the box which applies: Honey Bears (2's)___ Alef-Bet (3's and 4's) ___

Child's Name_____Child's Hebrew Name_____

Please Circle: Male/Female Child's Birth Date_____

Congregation Beth Shalom Member ___ Non Member ___

Home Address_____

City_____ Zip_____

Parents' Names_____ Home Phone_____

Email: _____

With whom does the child live? _____

Mother's occupation_____ Place of employment_____

Business Phone_____ Cell Phone: _____

Father's occupation_____ Place of employment_____

Business Phone _____ Cell Phone: _____

In case the parent/guardian cannot be reached in an emergency, what area residents may we call?

Please specify two contacts:

Emergency Contact # 1

Name:_____ Address:_____ Home Phone:_____ Cell:_____

Relationship to child:_____ Authorized to pick up child? Yes___ No ___

Emergency Contact # 2

Name: _____ Address: _____ Home Phone: _____ Cell: _____

Relationship to child: _____ Authorized to pick up child? Yes _____ No _____

Child's physician _____ Address _____ Phone _____

I authorize Early Learning Center personnel to give First Aid treatment to my child if necessary. I also authorize this Center to seek the necessary emergency care and treatment for my child whenever those individuals designated above are not available for consultation and direction.

Signature of Parent or Guardian

Please list name(s) and birth date(s) of all brothers and sisters in family:

Has your child attended preschool in the past? _____

If your child attends another school/daycare, please put the name, address and phone number:

Please indicate below any information you feel would be pertinent in order for us to better know and teach your child. Include information regarding **allergies**, other medical needs, personal development, habits, and anything else you would like us to know about your child:

I authorize Congregation Beth Shalom Early Learning Center to publish my/our name, address, phone number, and email on class rosters.

Signature of Parent or Guardian

Date

APPLICATION FEE MUST ACCOMPANY THIS FORM

Please note that the application fee is non-refundable

App. fee rec'd: \$ _____ Class: _____
Check # _____ Date rec'd: _____
Date of Discharge _____