

**BETH SHOLOM EARLY CHILDHOOD CENTER  
REGISTRATION FOR 2008/2009**

<u>Age</u>	<u>Day</u>	<u>Time</u>	<u>Member Fee*</u>	<u>Non-Member Fee*</u>
2-year old	T/Th	9:00-11:00 a.m.	\$110/month	\$130/month
	T/Th	11:15 a.m.–1:15 p.m.	\$110/month	\$130/month
3-year old morning	M/W/F	9:00-11:30 a.m.	\$155/month	\$175/month
	T/Th	9:00-11:30 a.m.	\$125/month	\$145/month
3-year old afternoon	M/W/F	12:30-3:00 p.m.	\$155/month	\$175/month
4-Year Old	M/W/F	9:00-11:30 a.m.	\$155/month	\$175/month
4-Year Old (Pre-K)	T/Th	9:00-11:30 a.m.	\$125/month	\$145/month
4-Year Old	M/W/F	12:30-3:00 p.m.	\$155/month	\$175/month
4-Year Old (Pre-K)	T/Th	12:30-3:00 p.m.	\$125/month	\$145/month
Lunch Bunch (bring a dairy lunch – 3&4 Year Old Classes Only)	M/W/F	11:30 a.m.–12:30 p.m.	\$ 60/month	\$ 60/month
Lunch Bunch (bring a dairy lunch – 3&4 Year Old Classes Only)	T/Th	11:30 a.m.–12:30 p.m.	\$ 45/month	\$ 45/month

\*Monthly rates are for 10 mos., payable AUG. thru MAY. \$5 discount for 5 days a week; 10% discount for second child in the program.

**Beth Sholom Early Childhood Center Registration Form  
2008/2009**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M / F (circle one)

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2-Year Old Classes:**

T/Th 9 - 11 am \_\_\_\_\_

T/Th 11:15 am – 1:15 pm \_\_\_\_\_

**3-Year Old Classes:**

M/W/F 9 - 11:30 am \_\_\_\_\_

T/Th 9 – 11:30 am \_\_\_\_\_

M/W/F 12:30 – 3 pm \_\_\_\_\_

**4-Year Old Classes:**

M/W/F 9 - 11:30 am \_\_\_\_\_

M/W/F 12:30 – 3 pm \_\_\_\_\_

T/Th 9 - 11:30 am \_\_\_\_\_

T/Th 12:30 – 3 pm \_\_\_\_\_

**Lunch Bunch 11:30 am – 12:30 pm**

M/W/F \_\_\_\_\_ T/Th \_\_\_\_\_

You must include a non-refundable registration/activity fee with this application—  
\$95 for 3- and 4-year old programs; \$60 for 2-year old program.

**I understand that monthly rates are for ten (10) months, payable August 1, 2008 through May 1, 2009.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_