

**BETH SHOLOM EARLY CHILDHOOD CENTER
REGISTRATION FOR 2009/2010**

<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.	\$115/month	\$135/month
	T/Th	11:15 a.m.–1:15 p.m.	\$115/month	\$135/month
3-year old morning	M/W/F	9:00-11:30 a.m.	\$160/month	\$180/month
	T/Th	9:00-11:30 a.m.	\$130/month	\$150/month
3-year old afternoon	M/W/F	12:30-3:00 p.m.	\$160/month	\$180/month
4-Year Old	M/W/F	9:00-11:30 a.m.	\$160/month	\$180/month
4-Year Old (Pre-K)	T/Th	9:00-11:30 a.m.	\$130/month	\$150/month
4-Year Old	M/W/F	12:30-3:00 p.m.	\$160/month	\$180/month
4-Year Old (Pre-K)	T/Th	12:30-3:00 p.m.	\$130/month	\$150/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
2009/2010**

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 \$90 non-refundable registration/activity fee with this application.

I understand that monthly rates are for ten (10) months, payable August 1, 2009 through May 1, 2010.

Signature _____

Date _____