

**KOL EMET PRESCHOOL
2018-2019 REGISTRATION FORM**

Child's Last Name _____ First Name _____

Birthday ____/____/____ Gender: M F Prefer not to Disclose

Complete Address _____

Home Phone Number _____

Parent 1 Name _____

Work Phone _____ Cell Phone _____

Parent 2 Name _____

Work Phone _____ Cell Phone _____

Family Email Address _____

Member of Congregation Kol Emet? Yes No Not yet – but please send me info!

CIRCLE CHOICE(S):

2's T/Th (am) 2's M-W-F (am) 3's M-W-F (am) 3's M-F (am) 4's M-F (am)

Pre-K Enrich. M-W-F (pm with lunch)

*****Lunch, Afternoon, Early, and Late Care registration is optional – all can be added at a later date, at an additional cost*****

Lunch and Afternoons	12:00pm – 3:00pm	M	T	W	Th	F
Lunch <u>Only</u>	12:00pm – 1:00pm	M	T	W	Th	F
Early Care	7:00am – 9:00am	M	T	W	Th	F
Early Care	8:00am – 9:00am	M	T	W	Th	F
Late Care	3:00pm – 5:00pm	M	T	W	Th	F
Late Care	3:00pm – 4:00pm	M	T	W	Th	F

Please note that we reserve the right to limit classes due to enrollment. If we cannot honor your choice, we will notify you.

1. You are required to pay tuition in full regardless of days absent, vacations taken, or leaving school mid-year.
2. Parents who need alternative scheduling, please see the director. A 5% fee may be added for this service.

I understand my financial obligation, and agree to the tuition rate pertaining to my selection of classes above. Enclosed is a check for \$300.00. I agree to the enrollment fee conditions as laid out in the cover letter included with this form.

Signature _____ Date _____

