



Ann Newman Preschool
Registration Form
September 8, 2020 - June 11, 2021

(All information needs to be listed before form can be processed)

Child's Name: _____	Birthday: _____ M/FM: _____
Age as of September 15, 2020: _____	Admission Date: _____ Start Date: _____
Parent's Name: _____	Parent's Name: _____
Email: _____	Email: _____
Address: _____	Address _____
_____	_____
Cell: _____	Cell: _____
Home: _____	Home: _____
Employer/Occupation/Address/Phone: _____	Employer/Occupation/Address/Phone: _____
_____	_____

Emergency contact(s) other than child's parents:

Name: _____	Relationship: _____	Number: _____
Name: _____	Relationship: _____	Number: _____

List all allergies and food restrictions:

Our child has the following special needs (Early Intervention etc.):

Department of Human Services (DHS) requires an Immunization Record, with the date of flu vaccine and updated Health Form in a child's file before the child can attend school.

DHS also requires an updated Emergency Form in the child's file before he/she can attend school.

For more information contact Beth Rabinowitz, Early Childhood Director, at (215) 643-6513 or preschool@tsinai.com.

For billing questions contact Ellen McGrother at (215) 643-6510 x122 or emcgrother@tsinai.com

Temple Sinai 1401 North Limekiln Pike Dresher, PA, 19025

Ann Newman Preschool Monthly Price Sheet

Toddlers, Two Year Olds, Three Year Olds and Pre-Kindergarten

September 8, 2020 - June 11, 2021

	Temple Sinai Member	Temple Sinai Nonmember
9am-1pm		
2 Days	\$370	\$420
3 Days	\$470	\$545
4 Days	\$580	\$665
5 Days	\$700	\$810
9am-3pm		
2 Days	\$470	\$545
3 Days	\$640	\$740
4 Days	\$785	\$900
5 Days	\$850	\$1,040
7:30am-6pm		
2 Days	\$635	\$720
3 Days	\$880	\$1,000
4 Days	\$1,050	\$1,210
5 Days	\$1,115	\$1,310

Per Day Drop-in Rate (Approval by the Early Childhood Director/Assistant Director)

9am-1pm \$60 per day 9am-3pm \$90 per day 7:30am-6pm \$160 per day

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Ann Newman Preschool Agreement 2020-2021

Check Off Your Child's Schedule

9 am-1 pm 9 am-3 pm 7:30 am-6 pm
 Monday Tuesday Wednesday Thursday Friday

If your child misses a day of school, due to sickness, vacation, scheduled school closures, weather closures, we are unable to provide make up days or alternative days. Parents can add a day for a daily fee if approved by the Director/Assistant Director/Schedule Supervisor and we are within ratios.

*Priority registration will be given to full day/ full week members.

Child's name: _____

\$200 deposit for the 1st child/\$150 for the 2nd child

Tuition Cost: \$ _____ 10% sibling discount applied to the lowest tuition.

Key Fob Fee: \$ _____ \$36 one-time only fee for two key fobs (Members are billed w/membership).

Security/Maint. Fee \$ _____ Annual Fee (\$150 for Nonmembers; \$225 for Members - billed w/Membership).

Activity Fee: \$ **125**

Deposit Deducted: \$- _____

Balance of Tuition \$ _____

Temple Sinai Member I am not a Temple Sinai Member

Billing Process: Tuition will be billed on the 20th of each month for the following month, and is due upon receipt.

Form of Payment:

Credit card (applicable fee will be added) #: _____

Expiration: _____ Security Code: _____

If your billing address is different than your home address, please provide:

Address: _____ City: _____ State: _____ Zip: _____

ACH payment Routing Number _____ Account Number _____

I agree to pay the Ann Newman Preschool and Infant Center the balance of tuition for the 2020/2021 school year. All school deposits and payments are non-refundable/non-transferable. Late payment may result in the termination of service. Changes to my child's schedule will affect the balance and credit card payments will be adjusted accordingly. You will receive a statement periodically reflecting the balance due and recent transactions. Any prior bill must be paid, in full, before a current application can be processed. When there is a schedule change or withdrawal of program a minimum of 30 days' notice, in writing, is required.

Designated Release Person(besides parent): _____

Parent's signature: _____ Date: _____

Director's signature: _____ Date: _____

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Office Use Only: Sixth Month Review: Signature _____ Date _____