

The Paul S. and Sylvia Steinberg Pre-School Registration Form 2020 - 2021

Child's Name _____ Boy Girl

Child's Birthday (month, day, year) _____

Child's Hebrew Name _____

Parent's Name _____ (parent 1) Parent's Name _____ (parent 2)

Address _____

Town/Zip _____ Email _____

Home Phone # _____ Cell Phone # _____

Current Beth El Member Yes No Other Synagogue _____ Unaffiliated

Please Select A Program

_____ Adult -Toddler (T/Th) 9:00 am - 10:15 am _____ 3's Program (5 Days) 9:00 am - 12:00 pm
_____ Separation (T/Th) 9:00 am - 11:00 am _____ 4's Program (5 Days) 9:00 am -12:00 pm
_____ 2's Program (M-W-F) 9:00 am - 12:00 pm

Payment

A non-fundable deposit of \$250.00 should accompany this form.

\$100 of this fee will be applied to your child's tuition.

Please note that tuition is non-refundable after school begins.

We accept payment by check or credit card Visa, MasterCard or Discover. (If paying by check, please make the check payable to: NSS Beth El)

Credit Card # _____ Exp. Date _____

Name on the Card _____ CVV _____

**Please note that a 3% processing fee will be added to your credit card **

Payment Agreement

I have read the payment information provided in this packet. I understand the provisions and agree to the payment obligations stated.

Date _____ Parent's Signature _____

(For Office Use)

Date Application Received

