

The Paul S. and Sylvia Steinberg Pre-School Registration Form Winter/Spring 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

_____ Toddler Program (M/W) 9:00 am - 10:30 am _____ 3's Program (5 Days) 9:00 am - 11:30 pm
_____ 2's Program (T/TH/F) 9:00 am - 11:30 pm _____ 4's Program (5 Days) 9:00 am -11:30 pm

Payment

A non-refundable deposit of \$100.00 should accompany this form.

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 _____

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

