



Temple Sholom

Selma Maisel Nursery School

...a place where learning & discovery begin

Part-Day Registration Form

School Year 2019–2020

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Age: _____ Gender: Boy Girl

Address: _____

City: _____ State: _____ Zip: _____

NOTE: Selma Maisel Nursery School will use Parent/Guardian 1's information for emergency contact.

Parent/Guardian 1 Name: _____

Relationship to Child: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Siblings' Names and Birthdays: _____

Temple Sholom Member: Yes No

Please fill out next page 



Part-Day Tuition*

School Year 2019–2020

	Program	Temple Member	Non-Temple Member
<input type="checkbox"/>	3 day 2's (M, W, F), 9:15 am–12:00 pm	\$7,370	\$9,550
<input type="checkbox"/>	2 day 2's (T, Th), 9:15 am–12:00 pm	\$4,785	\$6,240
<input type="checkbox"/>	3's Monday–Friday, 9:00 am–1:00 pm	\$12,775	\$14,960
<input type="checkbox"/>	4's Monday–Friday, 9:00 am–1:00 pm	\$12,775	\$14,960

*Tuition prices to be confirmed at the Temple Sholom Annual Meeting in May of 2019.

I have read the parent handbook. I agree to the policies of Temple Sholom Selma Maisel Nursery School and agree to pay the balance by April 30, 2019.

Parent/Guardian Printed Name

Parent /Guardian Signature

Date

All class placements are made solely at the discretion of the Director

\$1000.00 Registration Fee is non-Refundable

For office use only

I understand that the \$1000.00 Registration Fee is non-Refundable

Date Received: _____

Check #: _____

Amount: _____

Start Date: _____

Parent Signature