

(Check One) ___ Member ___ Non-Member
 Account Number ___/___/___/___/___/___/___/___

Date of Enrollment ___/___/___
 School: 610-667-6534



Har Zion Temple
The Noreen Cook Center for Early Childhood Education
PRESCHOOL/KINDERGARTEN APPLICATION
2009-2010



Rabbi Nogah Marshall, Educational Director

Debbie Folz, Noreen Cook Center Director

Child's Name		Date of Birth (M/D/Y)	Age	Sex
Parents Name (1)		Parents Name (2)		
Phone (H)	Phone (C)	Phone (H)	Phone (C)	
Phone (W)	Email	Phone (W)	Email	
Address		Address		
City	State	Zip	-	
Custody concerns <input type="checkbox"/> Yes, please describe <input type="checkbox"/> Not applicable		Child lives with? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):		
Current synagogue affiliation		Parent/s to be billed		
Business name/occupation		Business name/occupation		

Please enroll my child in one of the following preschool programs (check one):

AGE GROUP	CLASS	DAYS	CODE	RESOURCE FEE/CODE	REGISTRATION FEE/CODE
Mom/Dad & Me	<input type="checkbox"/> 2 Half Days	TU/TH	2210	\$10 / 2E10	\$50 / 4610
Shalom Chai (18 months by Sept. 1)	<input type="checkbox"/> 2 Half Days	M/W	2AA10	\$20 / 2E10	\$50 / 4610
	<input type="checkbox"/> 3 Half Days	M/W/F	2AB10	\$20 / 2E10	\$50 / 4610
	<input type="checkbox"/> 5 Half Days	M-F	2AC10	\$20 / 2E10	\$50 / 4610
	<input type="checkbox"/> 5 Full Days	M-F	2AD10	\$20 / 2E10	\$50 / 4610
<i>Garinim</i> (Seeds/2 years old by Sept. 1)	<input type="checkbox"/> 2 Half Days	TU/TH	2410	\$20 / 2E10	\$50 / 4610
	<input type="checkbox"/> 3 Half Days	M/W/F	2510	\$20 / 2E10	\$50 / 4610
	<input type="checkbox"/> 5 Half Days	M-F	2610	\$20 / 2E10	\$50 / 4610
	<input type="checkbox"/> 5 Full Days	M-F	2910	\$20 / 2E10	\$50 / 4610
Shorashim (Roots/3 years old by Sept. 1)	<input type="checkbox"/> 5 Half Days	M-F	3010	\$30 / 3E10	\$50 / 4610
	<input type="checkbox"/> Combination	TU/TH Full M/W/F Half	3310	\$30 / 3E10	\$50 / 4610
	<input type="checkbox"/> 5 Full Days	M-F	3110	\$30 / 3E10	\$50 / 4610
<i>Prachim</i> (Flowers/4 years old by Sept. 1)	<input type="checkbox"/> 5 Half Days	M-F	4210	\$75 / 4EP10	\$50 / 4610
	<input type="checkbox"/> Combination	M/W/F Full TU/TH Half	4310	\$75 / 4EP10	\$50 / 4610
	<input type="checkbox"/> 5 Full Days	M-F	4410	\$75 / 4EP10	\$50 / 4610
Gan (Garden/5 years old by Sept. 1)	<input type="checkbox"/> 5 Full Days	M-F	4710	\$75 / 4EK10	\$50 / 4910

* Tuition for 2009-10 will be determined by March 16, 2009. For 2008-09 tuition fees and more information, contact Debbie Folz.

I will also need:	<input type="checkbox"/> Early Care 7:45-8:45 AM / 3B10	<input type="checkbox"/> Lunch Care Noon-1:00 PM / 3D10
	<input type="checkbox"/> Late Care 3:15-5:30 PM / 3C10	<input type="checkbox"/> Extended Day for Half Day Children Noon-3:15 PM / 3G10

Name, address and phone number of 2 individuals to be contacted if Parents cannot be reached:

- _____
- _____

Any special information of which we should be aware (i.e. Allergies, Medication, Diet)?

Any additional information you would like us to know about your child? (Parent requests for specific placements cannot be honored. We ask your cooperation in refraining from making such requests)

The Noreen Cook Center for Early Childhood Education has our permission to use any photo, picture, or likeness of our child or any family member for promotional purposes.

Application Requirements & Financial Arrangements:

HAR ZION MEMBERS: In order for us to process your child's application for the 2009-2010 school year at the member rate, your 2008-2009 membership dues must be paid in full at the time this application is presented to the office. In addition, Noreen Cook Center, Jane Fishman Grinberg Religious School, Day Camp and all other 2008-2009 synagogue financial obligations must be current. Furthermore, parents enrolling their child in the Noreen Cook Center as members must maintain a valid membership throughout the school year. Therefore, it is understood that if accepted, your 2009-2010 membership dues (to be billed on or about May 1, 2009) will be paid in full by September 1, 2009. If membership renewal is not made as noted, school fees will be converted to the Non-Member rate retroactively. All requests for financial assistance should be made immediately to the Noreen Cook Center Director.

NON-MEMBERS: If applying as a Non-Member, this application can only be processed if all school and other 2008-2009 synagogue obligations are current.

TO ALL FAMILIES: It is further understood that acceptance into the Rose & Joseph Schimmel Preschool of the Noreen Cook Center requires that 1/3 of the tuition (less deposit) is due and payable no later than August 15, 2009, 1/3 no later than December 1, 2009, with the balance due and payable no later than February 1, 2010.

We look forward to having your child with us in the preschool. Occasionally a child may be asked to leave because the child is not ready for school, has a special problem that cannot be handled within the limits of a normal classroom situation or otherwise because of our concerns for the safety and well-being of the class as a whole. Tuition previously paid will be pro-rated and refunded accordingly.

<p>Please return form with a \$350 (Preschool) / \$550 (Kindergarten) NON-REFUNDABLE AND NON-TRANSFERABLE deposit (includes Registration Fee) to HAR ZION TEMPLE.</p> <p>Please charge (check all that apply):</p> <p><input type="checkbox"/> Tuition <input type="checkbox"/> Resource fees <input type="checkbox"/> Lunch, Early/Late/Afternoon Care <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> One single payment, or <input type="checkbox"/> First business day of every month (July through February), or</p> <p><input type="checkbox"/> First business day of July, October and January</p> <p>Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Amount to charge _____</p> <p>Card # (including security code found on back of card) _____ - _____</p> <p>Card Expiration Date _____</p> <p>_____ Initial here if you would like the payments automatically charged to your credit card on the due dates.</p> <p>There is a 2% service fee.</p>
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This application is a legally binding contract. All financial obligations owed to Har Zion Temple for the above named child are the responsibility of both parents. This application will not be processed unless both parents acknowledge this financial obligation by signing below. Any exceptions or special circumstances require the prior written approval of the Noreen Cook Center Director.

We have read and agree to be legally bound by all of the terms and conditions set forth above.

DATE

SIGNATURE OF PARENT

DATE

SIGNATURE OF PARENT