

(Check One) \_\_\_ Member \_\_\_ Non-Member  
Account Number M/N \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_

Date of Enrollment \_\_\_/\_\_\_/\_\_\_  
School: 610-667-6534



**Har Zion Temple**  
**The Noreen Cook Center for Early Childhood Education**  
**Rose & Joseph Schimmel Preschool**  
**STAY AND PLAY PROGRAM APPLICATION**  
**2010 Spring Session**



Rabbi Nogah Marshall, Educational Director

Debbie Folz, Noreen Cook Center Director

**All sessions begin Friday, April 9 and ends Friday, June 11**

Please enroll my child in one of the following Stay and Play Classes (Check One):

**FRIDAY** – "Kabbalat Shabbat Tots"  
Ages 12-24 months/ 9:15 - 10:45 AM  
10 sessions – Member \$250, Non-member \$290

**FRIDAY** – "Explorations & Discoveries"  
Ages 6-12 months / 11:00 AM - 12:00 PM  
10 sessions – Member \$165, Non-member \$195

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_  
Last First

Address \_\_\_\_\_ Age as of April 1, 2010 Mnth. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

Current Synagogue Affiliation \_\_\_\_\_

|                                           |                     |
|-------------------------------------------|---------------------|
| Parent's Name (will bills will be mailed) | 2nd Parent's Name   |
| Business Name                             | Business Name       |
| Street                                    | Street              |
| City State Zip -                          | City State Zip -    |
| B. Phone Cell Phone                       | B. Phone Cell Phone |
| Email                                     | Email               |
| Occupation                                | Occupation          |

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?

*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, including the Har Zion website.*

**Application Requirements & Financial Arrangements:**

**HAR ZION MEMBERS:** In order for us to process your child's application for the 2010-2011 school year at the member rate, your 2009-2010 membership dues must be paid in full at the time this application is presented to the office. In addition, Noreen Cook Center, Religious School and all other 2009-2010 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 2010-2011 membership dues should have been paid in full by September 1, 2010. If membership renewal is not made as noted, school fees will be converted to the Non-Member rate retroactively.

**NON-MEMBERS:** If applying as a Non-Member, this application can only be processed if all school and other 2009 - 2010 synagogue obligations are current.

**TO ALL FAMILIES:** It is further understood that acceptance into this program in the Rose & Joseph Schimmel Preschool of the Noreen Cook Center requires payment in full to accompany this registration form.

*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.*

**CANCELLATION & REFUND POLICY:**

No refunds will be issued and/or credit transferred to any other division of Har Zion Temple for any reason. Only the President of Har Zion Temple can make exceptions to this policy.

Please note that if there are any special circumstances or special problems of which the school should be aware, please contact our Director before this application is filed.

I/We have read and agree to abide by the statement of requirements and financial obligations as described above.  
**(Please note that signatures of both parents are required in order to process this application.)**

DATE \_\_\_\_\_

CHECK ENCLOSED (Please make check payable to Har Zion Temple.)

PLEASE CHARGE MY CREDIT CARD IN FULL **(There is a 2% service fee.)**

VISA    Mastercard    American Express

Card # (including security code found on back of card) \_\_\_\_\_ - \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_