

(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
2011 Fall Session



Debbie Folz, Noreen Cook Center Director

Sessions begin September 14 and end December 14

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

WEDNESDAY – "Terrific Tots"
Ages 12-24 months/ 9:15-10:45 AM
13 sessions – Member \$330, Non-member \$390

WEDNESDAY – "Explorations and Discoveries"
Ages 8-12 months/ 11:00 - 12:00 PM
13 sessions – Member \$235, Non-member \$275

Child's Name _____ Sex _____ Birthdate ___/___/___
Last First

Address _____ Age as of September 1, 2011 Yrs. ___ Mnths. ___

City _____ State _____ Zip _____ - _____ Phone _____

Current Synagogue Affiliation _____

Parent's Name (where bills will be mailed.)	2nd Parent's Name
Residence Address	Residence Address
City State Zip	City State Zip
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?

Application Requirements & Financial Arrangements:

HAR ZION MEMBERS: In order for us to process your child's application at the member rate, your 2010-2012 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 2010-2011 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 2011-2012 membership dues (billed on or about May 1, 2011) will be paid in full by September 1, 2011. 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 2010 -2011 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.

Please note that if there are any special circumstances or special problems of which the school should be aware, please contact our Preschool 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.)

PARENT/GUARDIAN SIGNATURE _____

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