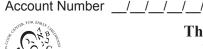
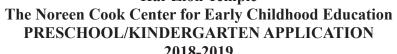
(Check One)	_Member	_Non-Member				Date of Enrollment//	
Account Numbe	r / / /	1 1 1 1	***	7	æ	School: 610-667-69	534



Har Zion Temple





School: 610-667-6534

The same of the sa			2018-2019			HAR ZION		
at SION 15	Debbie	e Folz, Direct	or of Early Cl	hildhood Educatio	on			
Child's Name			Date of	f Birth (M/D/Y)	Age Sex			
Parent Name (1)			Parent	Name (2)				
Phone (H)	Phone (C)		Phone	(H)	Phone (C)			
Phone (W)	Email		Phone	(W)	Email			
Address			Addres	S				
City	State Zi _l	р -	City		State Zip	-		
Custody concerns	please describe	Not applicable	Child liv	ves with? Parent 1	☐ Parent 2 ☐ Both	Other (specify):		
Current synagogue affiliation	n		Parent	s to be billed				
Business name/occupation				Business name/occupation				
posit (includes \$50 Reginates S50 Reginates	, and the second second			00 security fee will	be billed per fa	mily per year		
Transitioning Toddlers	☐ 2 Half Days	TU/TH	2219	\$10 / 2E19	\$2525	\$3735		
Shalom Chai 18 months by Sept. 1)	☐ 2 Half Days ☐ 3 Half Days ☐ 5 Half Days	TU/TH M/W/F M-F	2AA19 2AB19 2AC19	\$20 / 2E19 \$20 / 2E19 \$20 / 2E19	\$2990 \$4190 \$5595	\$4210 \$5705 \$7150		
	☐ 5 Full Days	M-F	2AD19	\$20 / 2E19	\$8525	\$10765		
Garinim Seeds/2 years old by Sent 1)	☐ 2 Half Days	TU/TH M/M/E	2419 2510	\$20 / 2E19 \$20 / 2E19	\$2990 \$4190	\$4210 \$5705		
Seeds/2 years old by Sept. 1)	☐ 3 Half Days ☐ 5 Half Days	M/W/F M-F	2519 2619	\$20 / 2E19 \$20 / 2E19	\$4190 \$5595	\$5705 \$7150		
	☐ 5 Full Days	M-F	2919	\$20 / 2E19 \$20 / 2E19	\$8525	\$10765		
Shorashim	☐ 5 Half Days	M-F	3019	\$30 / 3E19	\$5595	\$7150		
Roots/3 years old by Sept. 1)	☐ Combination	TU/TH Full M/W/F Half	3319	\$30 / 3E19	\$6875	\$8515		
	☐ 5 Full Days	M-F	3119	\$30 / 3E19	\$8525	\$10765		
Prachim Flowers/4 years old by Sept. 1)	☐ 5 Half Days ☐ Combination	M-F M/W/F Full TU/TH Half	4219 4319	\$85 / 4EP19 \$85 / 4EP19	\$5595 \$7810	\$7150 \$9680		
	☐ 5 Full Days	M-F	4419	\$85 / 4EP19	\$8525	\$10765		
Gan Garden/5 years old by Sept. 1)	☐ 5 Full Days	M-F	4719	\$85 / 4EK19	\$9990	\$11965		
I will also need:								
☐ Early Care 7:15-8:45 AM / 3B19 1 Day/Week/Year – \$600 (Circle days) M T W TH F		1 Day/\ (Circle	1 Day/Week/Year – \$445 (Circle days) M T W TH F			☐ Hot Lunch / 3P19 1 Day/Week/Year – \$180 (Circle days) M T W TH F 5 Days/Week/Year – \$700		
5 Days/Week/Year – S	\$1800	•	- \$15/hour · 5 Days/Week/Yea	ır – \$1250	5 Days/vvee	k/Year – \$700		
□ Late Care – M-TH 3:1 1 Day/Week/Year – \$ (Circle days) M T \Daily – \$30 (up to 5 Days/Week/Year – \$	W TH F to 1 hour \$15)	0 PM / 3C19 □	1 Day/Week/Ye	M T W TH F	on-3:15 PM / 3G19			

Name, address and phone number of 2 individuals to be co	
2.	
Any special information of which we should be aware (i.e.	Allergies, Medication, Diet)?
Any additional information you would like us to know about honored. We ask your cooperation in refraining from making	out your child? (Parent requests for specific placements cannot being such requests)
The Noreen Cook Center has our permission to use any photo purposes, including the Har Zion website, school website and h	, picture, or likeness of our child or any family member for promotional Facebook page.
rate, your 2017-2018 membership dues must be paid in fu Noreen Cook Center, Jane Fishman Grinberg Religious Sch tions must be current. Furthermore, parents enrolling their membership throughout the school year. Therefore, it is un billed on or about May 1, 2018) will be paid in full by Sep	ar child's application for the 2018-2019 school year at the member all at the time this application is presented to the office. In addition, nool, Day Camp and all other 2017-2018 synagogue financial obligachild in the Noreen Cook Center as members must maintain a valid inderstood that if accepted, your 2018-2019 membership dues (to be tember 1, 2018. If membership renewal is not made as noted, school ly. All requests for financial assistance should be made immediately
NON-MEMBERS: If applying as a Non-Member, this a synagogue obligations are current.	pplication can only be processed if all school and other 2017-2018
not ready for school, has a special problem that cannot be h	nool. Occasionally a child may be asked to leave because the child is andled within the limits of a normal classroom situation or otherwise ne class as a whole. Tuition previously paid will be pro-rated and re-
CANCELLATION & REFUND POLICY: No refunds will be issued and/or credit transferred to any opolicy can only be made with written approval by the Execution	other division of Har Zion Temple for any reason. Exceptions to this cutive Director.
Please note that if there are any special circumstances or pro Cook Center Director before this application is filed.	blems of which the school should be aware, please contact our Noreen
child are the responsibility of both parents. This applica	cial obligations owed to Har Zion Temple for the above named ation will not be processed unless both parents acknowledge this r special circumstances require the prior written approval of the e terms and conditions set forth above.
DATE	SIGNATURE OF PARENT
DATE	SIGNATURE OF PARENT

Payment Options:
Please check method of payment option. This must be indicated <i>EACH YEAR</i> .
☐ One single payment, or ☐ First business day of every month (July through February), or
☐ First business day of July, October and January ☐ Monthly payments by check
☐ Monthly payments by credit card Arrangements can be made for you to pay your bill monthly by automatic credit card payment. If you wish to choose this monthly payment option, please contact Laurie Landsburg in the main office and provide the following:
 Credit card number CCV number on the back of your card Name on card Billing address for the card Amount AND date payment is to be charged
By signing below, I agree to make monthly payments via credit card, and further agree that the total bill be paid in full <u>BY APRIL 1</u> . I also agree to be in contact with the main office as soon as possible to advise of monthly payment method and amount of monthly payment.
If you have any questions, please do not hesitate to contact Laurie Landsburg, 610-667-5000 x144, or email at llandsburg@harziontemple.org.
** Please be advised that all credit card payments will have an additional 2% added to each payment.
Name Date