

(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**  
**2020 Winter Session**



Debbie Folz, Director of Early Childhood Education

Please enroll my child in one of the following Stay and Play Classes:

- THURSDAY – "Terrific Tots"**  
**January 2-April 2**  
**Ages 12-24 months/ 9-10:30 AM**  
**14 sessions – Member \$375, Non-member \$450**
- THURSDAY – "Explorations and Discoveries"**  
**January 2-April 2**  
**Ages 6-12 months/11 AM-12 PM**  
**14 sessions – Member \$325, Non-member \$380**

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

Address \_\_\_\_\_ Age as of January 1, 2020 Yrs. \_\_\_ Mnths. \_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

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

*Preferred email for communication purposes* \_\_\_\_\_

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

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, NCCECE website and Facebook page.*

**Application Requirements & Financial Arrangements:**

**HAR ZION MEMBERS:** The Noreen Cook Center, Religious School and all other 2019-2020 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.

**NON-MEMBERS:** If applying as a Non-Member, this application can only be processed if all school and other 2018-2019 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 \_\_\_\_\_

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