



*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:** In order for us to process your child's application at the member rate, your 2019-2020 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 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. Therefore, it is understood that if accepted, your 2019-2020 membership dues (billed on or about May 1, 2020) will be paid in full by September 1, 2020. 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 2019-2020 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.

Please charge: <input type="checkbox"/> Tuition 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 (MUST BE PAID IN FULL) _____ Card # (including security code found on back of card) _____ - _____ Card Expiration Date _____ <b>There is a 2% service fee.</b>
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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 \_\_\_\_\_

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

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