

(Check One) ___ Member ___ Non-Member

Date of Enrollment ___/___/___

Account Number M/N ___/___/___/___

School: 610-667-6534

**Har Zion Temple
KAITANAH PROGRAM APPLICATION
Summer 2020**

Debbie Folz, Director of Early Childhood Education

Diane Halpren, Director

**SESSION BEGINS AUGUST 17 AND ENDS AUGUST 21
FOR CHILDREN 2 TO 6 YEARS OLD**

Please choose from the following:

FULL DAYS - 8:45 AM -3:10 PM
Member \$500, Non-Member \$525

HALF DAYS - 8:45 AM -1 PM
Member \$375, Non-Member \$400

EARLY CARE - 8-8:45 AM
Session - \$75, Daily - \$15

LATE CARE - 3:10-5:00 PM (Friday until 4:00)
Session - \$110, Daily - \$25

HOT AND COLD WELL-BALANCED LUNCHES PROVIDED DAILY.

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

Address _____ Age as of July, 1, 2020 Yrs. ___ Months ___

City _____ State _____ Zip _____ - _____ Phone _____

Current Synagogue Affiliation _____ School & Grade as of Sept. 2020 _____

Parent One	Parent Two
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)?

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 and Har Zion Day Camp websites and Facebook pages.

Application Requirements & Financial Arrangements:

HAR ZION MEMBERS: In order for us to process your child's application for the 2020 Kaitanah Program 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.

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 Kaitanah Program requires payment in full to accompany this registration form.

We look forward to having your child with us. Occasionally a child may be asked to leave because the child is not ready, 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 we 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.)

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

FOR OFFICE USE ONLY

CODE	DESCRIPTION	MEMBER	NON-MEMBER
<input type="checkbox"/> KAIF 2021	Full Days	\$500	\$525
<input type="checkbox"/> KAIH 2021	Half Days	\$375	\$400
<input type="checkbox"/> KAEC 2021	Early Care	\$100	\$100
<input type="checkbox"/> KALC 2021	Late Care	\$110	\$110