

Parent Child Center Registration and Payment Contract Fall 2017

August 28-December 22

Child's Name _____ Date of Birth _____ M F

Home Address _____ City/State _____ Zip _____

Parent 1 _____ Home Phone _____

Cell Phone _____ Email _____

Parent 2 _____ Home Phone _____

Cell Phone _____ Email _____

Child resides with Both parents Other Who will attend classes with your child? _____

Emergency Contact _____ Cell Phone _____
not parents

Are you planning to enroll your child in Temple Beth Sholom Innovative School? Yes No

Do you have a child currently enrolled in Pre-school? Yes No

Publicity Release:

Yes No I have read and understand the Temple Beth Sholom publicity release policy online (tbsmb.org/publicityrelease). I authorize Temple Beth Sholom the right to publish my child(ren)'s photos/videos for advertising and promotional material within print, online and social media.

| Day | Choose Your Classes (enrollment based on availability) | Fee | Payment Options | TOTAL |
|--|--|---|---|-------|
| MON 16 wks | RIE BRED (3-9 MOS.) 9:30-11:00 am <i>No class 11/13 & 12/11</i> | | <input type="checkbox"/> Session I: Aug 28-Oct 30 (9 weeks) \$225 <input type="checkbox"/> Session II: Nov 6-Dec 18 (5 weeks) \$125 | |
| | RIE BRED (18-24 MOS.) 11:30am-1:00 pm <i>No class 11/13 & 12/11</i> | | <input type="checkbox"/> Session I: Aug 28-Oct 30 (9 weeks) \$225 <input type="checkbox"/> Session II: Nov 6-Dec 18 (5 weeks) \$125 | |
| | BOUNCING BABIES (6-12 MOS.) 12:30-1:30 pm | \$400 | | |
| TUES 17 wks | YOUNG EXPLORERS (18-24 MOS.) 9:30-11:30 am | \$765 | 2 payments of \$390 Due with registration & 10/2 | |
| | MOVERS & SHAKERS (11-18 MOS.) 9:30-10:45 am | \$510 | | |
| | RIE BRED (10-18 MOS.) 11:30 am-1:00 pm <i>No class 11/14 & 12/12</i> | | <input type="checkbox"/> Session I: Aug 29-Oct 31 (10 weeks) \$250 <input type="checkbox"/> Session II: Nov 7-Dec 19 (5 weeks) \$125 | |
| | LAP BABIES (6 WEEKS-6 MOS.) 1:00-1:45 pm | FREE | | |
| | MUSIC TOGETHER® (BIRTH-4 YEARS) 4:30-5:15 pm | | <input type="checkbox"/> Session I: Aug 29-Oct 31 (10 weeks) \$220 <input type="checkbox"/> Session II: Nov 7-Dec 19 (7 weeks) \$155 | |
| MUSIC TOGETHER® (BIRTH-4 YEARS) 5:30-6:15 pm | | <input type="checkbox"/> Session I: Aug 29-Oct 31 (10 weeks) \$220 <input type="checkbox"/> Session II: Nov 7-Dec 19 (7 weeks) \$155 | | |
| WED 16 wks | BRIGHT BEGINNINGS 2 DAYS (20-30 MOS.) Transition Class 9:00 am-12:00 pm | \$2,130* <small><i>Includes Fridays</i></small> | <input type="checkbox"/> 2 payments - \$1,099 Due w/reg., & 10/2 <input type="checkbox"/> 4 payments - \$555 Due w/reg., 10/2, 11/2 & 12/2 | |
| | MUSIC TOGETHER® (BIRTH-4 YEARS) 10:45-11:30 am | | <input type="checkbox"/> Session I: Aug 30-Oct 25 (8 weeks) \$175 <input type="checkbox"/> Session II: Nov 1-Dec 20 (8 weeks) \$175 | |
| | MUSIC TOGETHER® (BIRTH-4 YEARS) 12:45-1:30 pm | | <input type="checkbox"/> Session I: Aug 30-Oct 25 (8 weeks) \$175 <input type="checkbox"/> Session II: Nov 1-Dec 20 (8 weeks) \$175 | |
| THUR 13 wks | YOUNG EXPLORERS (18-24 MOS.) 9:30-11:30 am | \$585 | 2 payments of \$300 Due with registration & 10/2 | |
| | MOVERS & SHAKERS (11-18 MOS.) 12:45-2:00 pm | \$390 | | |
| FRI 12 wks | BRIGHT BEGINNINGS 2 DAYS (20-30 MOS.) Transition Class 9:00 am-12:00 pm | <small><i>*Included in Wed. tuition</i></small> | | |
| | YOGAMUSIC DANCE (3-24 MOS.) 11:15 am-12:00 pm | \$300 | | |

MAKE-UP CLASSES - Classes may be subject to scheduling changes or cancellation based on enrollment. Please be sure to complete this form and register prior to the start date to ensure your child is registered. In the event you miss a class please be advised that unused classes may NOT be carried over or transferred to any other session.

| | |
|---|-----------------|
| I. REGISTRATION FEE (non-refundable, non-transferrable, and due at enrollment) | +\$30 |
| II. TUITION POLICY (Cancellations must be requested in writing; no refunds after class starts). <i>Classes may be subject to scheduling changes or cancellation based on enrollment. Please be sure to complete this form and register prior to the start date to ensure your child is registered.</i> | TOTAL \$ |

III. PAYMENT: Must be included with the registration form. **First payment due with registration.**

M/C, Visa, AmEx #: _____ Expiration Date: _____ Check #: _____
(Payable to Temple Beth Sholom)

Cardholder Name: _____ Billing Address: _____

Signature Parent/ Legal Guardian _____ Date: _____ TBS Dept. Signature _____ Date: _____

This Registration Contract cannot be processed or class space reserved without payment, credit/debit card #, or signature of parent and legal guardian.