

Office use only Check # _____ Amt. Rec. _____ Date Rec. _____

Class _____



2101 New Albany Rd
Cinnaminson, NJ 08077
(856)829-4908 www.tsnsnj.org

2024-2025 REGISTRATION FORM

Child's full name _____ Age _____ Birthdate ____/____/____

Preferred Name _____ Sex M F Phone Number (____) _____

Child's address _____
Street city zip

PREFERRED EMAIL:

Mother's information

Name _____

Address _____

City/Zip _____

Phone number _____

Mobile number _____

E-mail _____

Occupation _____

Employer _____

Work phone number _____

Father's information (where different)

Name _____

Address _____

City/Zip _____

Phone number _____

Mobile number _____

E-mail _____

Occupation _____

Employer _____

Work phone number _____

Child's physician _____ Phone Number (____) _____

Address _____
Street City/State Zip

Any handicaps and/or allergies? Please explain _____

Is child potty-trained? Y N Are you a member of Temple Sinai? Y N

Previous preschool experience _____

How did you hear about us? _____

TSNS REGISTRATION FORM ~ PAGE TWO

Child's Full Name _____

Emergency Phone Numbers

Name	Relationship	Phone Number
_____		(____) _____
_____		(____) _____
_____		(____) _____

For which program are you registering your child?

_____ **TOTS** – Must be age 2 1/2 by Oct. 1 (limited spots available for children who are 2 by Oct. 1).

Class meets 9 a.m. to 11 a.m. Tuesdays and Thursdays.

_____ **THREES** – Must be age 3 by Oct. 1. Class meets 9 a.m. to 11:30 a.m. on Mondays, Wednesdays, and Fridays.

_____ **FOURS** – Must be age 4 by Oct. 1. Class meets 12:30 to 3:00 p.m. Mondays through Fridays.

Have siblings attended Temple Sinai Nursery School? If so, please name the sibling and note the year(s) of attendance.

TUITION AGREEMENT FORM

My child _____ is enrolled in the Temple Sinai Nursery School

TOTS THREES FOURS (Circle one) class for the 2024-2025 school year.

I understand that tuition for the program is payable in full at time of Registration or in 10 installments. The first installment is to be paid at time of registration with a nonrefundable \$30.00 registration fee and \$30.00 activity fee, if applicable see below. **Subsequent installments will begin August 1st, 2024.**

Tuition payments are due the first of each month August-April. A non-negotiable \$25.00 late fee will be charged for any payment received after the 5th day of the month. Additionally, no partial payments will be accepted. We must receive 30- day notice for early withdraw without penalty.

Temple Sinai Nursery School reserves the right to terminate enrollment and/or prevent future enrollment of children in families chronically late with tuition payments. A warning letter will be sent if termination is under consideration.

2024 - 2025 School Year

	<u>Annual Tuition</u>	<u>Monthly Payment</u>	<u>Registration Fee</u>	<u>Activity Fee</u>	<u>Minimum Due at Registration</u>
Tots	\$2,000.00	\$200.00	\$30.00	N/A	\$230.00
3's	\$2,500.00	\$250.00	\$30.00	\$30.00	\$310.00
4's	\$3,500.00	\$350.00	\$30.00	\$30.00	\$410.00

I have read and agree to the Terms outlined above:

Parent/Guardian Signature

Date