

[Office Use Only] Date Received: \_\_\_\_\_ Class: \_\_\_\_\_



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

## REGISTRATION FORM

Child's full name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Name \_\_\_\_\_ Sex M F Phone Number (\_\_\_\_) \_\_\_\_\_

Child's address \_\_\_\_\_  
Street \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

### Father's information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Mobile number \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work phone number \_\_\_\_\_

### Mother'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? \_\_\_\_\_

[Office Use Only] Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Board/ Sibling \_\_\_\_\_

# 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** class for the 2018-2019 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 the first of August.

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 5<sup>th</sup> day of the month. Additionally no partial payments will be accepted. We must receive 30 day notice for early withdrawal without penalty.

The Temple Sinai Nursery School Board 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.

**2018 – 2019 School Year**

	Annual Tuition	Registration Payment	Registration Fee	Activity Fee	Minimum Due at Registration
<b>Tots</b>	<b>\$1,350.00</b>	\$135.00	\$30.00	N/A	<i>\$165.00</i>
<b>3's</b>	<b>\$1,950.00</b>	\$195.00	\$30.00	\$30.00	<i>\$255.00</i>
<b>4's</b>	<b>\$2,500.00</b>	\$250.00	\$30.00	\$30.00	<i>\$310.00</i>

**I have read and agree to the Terms outlined in the Tuition Agreement Form above.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date