



**Ann Newman Infant Center**

**Registration Form**

**2022-2023**

(All information needs to be listed before form can be processed)

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M/FM: \_\_\_\_\_  
(leave blank if name is unavailable)

Age as of September 15, 2022: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Approx. Start Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Parent's Name (including title): \_\_\_\_\_ Parent's Name (including title): \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Contact info: \_\_\_\_\_ Contact info: \_\_\_\_\_  
Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/Occupation/Phone: \_\_\_\_\_ Employer/Occupation/Phone: \_\_\_\_\_

Emergency contact(s) other than child's parents:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

List all allergies and food restrictions:

\_\_\_\_\_

Our child has the following special needs (Early Intervention etc.):

\_\_\_\_\_

Other information you would like to share:

\_\_\_\_\_

Department of Human Services (DHS) requires an Immunization Record and updated Health Form in a child's file before the child can attend school.

DHS also requires an updated Emergency Form in the child's file before he/she can attend school.

For more information contact Sydnie Ciment, Early Childhood Director, at (215) 643-6513 or [sciment@tsinai.com](mailto:sciment@tsinai.com).

For billing questions contact Ellen McGrother at (267) 468-5825 or [emcgrother@tsinai.com](mailto:emcgrother@tsinai.com).

Temple Sinai, 1401 North Limekiln Pike, Dresher, PA, 19025

**Ann Newman Infant Center Agreement 2022-2023**  
**Check off the days your child will attend (Minimum 3 days)**  
**Infant Center Hours of Operation 7:30am - 5:00pm**

Monday    Tuesday    Wednesday    Thursday    Friday

	Member Price	Nonmember Price
3 Days	\$985	\$1,135
4 Days	\$1,240	\$1,410
5 Days	\$1,545	\$1,775

Daily Drop In Rate : \$170 a day

For full day (7:30am - 5pm) only: Estimated drop-off time: \_\_\_\_\_ Estimated pick-up time: \_\_\_\_\_

\*Priority registration will be given to full day/full week members.

If your child misses a day of school, due to sickness, vacation, scheduled school closures, or weather closures, we are unable to provide make up days or alternative days. Parents can add a day for a daily fee if approved by the Director/Assistant Director/Schedule Supervisor and we are within ratios.

**Child's Name:** \_\_\_\_\_

Tuition Cost:           \$ \_\_\_\_\_ 10% sibling discount applied to the lowest tuition  
 Key Fob Fee:           \$ \_\_\_\_\_ \$36 one-time only fee for two key fobs (Members are billed membership)  
 Security/Maint. Fee \$ \_\_\_\_\_ Annual Fee (\$150 for Nonmembers; \$225 for Members - billed w/Membership)  
 Deposit Deducted: (\$ \_\_\_\_\_ 250)  Check enclosed    ACH    Credit Card (fee will be added)  
 Balance of Tuition   \$ \_\_\_\_\_

Temple Sinai Member            Not Temple Sinai Member(s)

Billing Process: Billed on the 20th of each month for the following month

Form of payment:

Credit Card    Please include other charges on my statement (e.g. Membership, Religious School)

Credit card info (applicable fee will be added)

#: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

If your billing address is different than your home address, please provide:

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

ACH payment (No fee)

Note: E-check account information must be entered through ShulCloud by the account holder.

Email [mlyons@tsinai.com](mailto:mlyons@tsinai.com) if you need a ShulCloud login link.

Monthly Check (payable to Temple Sinai)

I agree to pay the Ann Newman Preschool and Infant Center the balance of tuition for the school year. All school deposits and payments are non-refundable/non-transferable. Late payment may result in the termination of service. Changes to my child's schedule will affect the balance and credit card payments will be adjusted accordingly. You will receive a statement periodically reflecting the balance due and recent transactions. Any prior bill must be paid, in full, before a current application can be processed. When there is a schedule change or withdrawal of program a minimum of 30 days' notice, in writing, is required.

Designated Release Person(besides parent): \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For billing questions contact Ellen McGrother at (267) 468-5825 or [emcgrother@tsinai.com](mailto:emcgrother@tsinai.com).

Office Use Only: Sixth Month Review: Signature \_\_\_\_\_ Date \_\_\_\_\_