

Temple Sinai Ann Newman Preschool

Registration Form

August 31, 2026 - June 9, 2027

(All information needs to be completed before the form can be processed)

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

Birthday: \_\_\_\_\_ M/FM: \_\_\_\_\_

Age as of September 14, 2026: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Parent's Name:

Parent's Name:

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ (circle one)

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ (circle one)

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 and updated annually (55 PA. Code 3270.131).

DHS also requires an updated Emergency Form in the child's file before they can attend school and it must be updated every 6 months or as soon as there is a change in the information (55 PA. Code 3270.124).

For more information contact Sydnie Ciment, Director of Early Childhood Education, at (267) 468-5841 or sciment@tsinai.com, or Miriam Jacobson, Assistant Director, at (267) 468-5830 or miriam@tsinai.com.

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

**Temple Sinai Ann Newman Preschool Price Sheet**

**Toddlers, Two-Year Olds, Three-Year Olds and Pre-Kindergarten**

**August 31, 2026 - June 9, 2027**

**NOTE: The amounts below are the monthly payments for 10 months based on the annual tuition.**

<b>Program:</b>	<b><u>Temple Sinai Member*</u></b>		<b><u>Temple Sinai Nonmember</u></b>	
	<b>Toddlers &amp; 2's</b>	<b>3's &amp; Pre-K</b>	<b>Toddlers &amp; 2's</b>	<b>3's &amp; Pre-K</b>
<b>9am - 1pm</b>				
3 Days	\$ 695	\$ 660	\$ 770	\$ 735
4 Days	\$ 835	\$ 790	\$ 925	\$ 900
5 Days	\$ 930	\$ 914	\$ 1,035	\$ 1,015
<b>9am - 3pm</b>				
3 Days	\$ 915	\$ 885	\$ 1,035	\$ 985
4 Days	\$ 1,140	\$ 1,045	\$ 1,265	\$ 1,190
5 Days	\$ 1,205	\$ 1,170	\$ 1,370	\$ 1,300
<b>7:30am - 5pm</b>				
3 Days	\$ 1,150	\$ 1,115	\$ 1,275	\$ 1,240
4 Days	\$ 1,400	\$ 1,345	\$ 1,570	\$ 1,495
5 Days	\$ 1,485	\$ 1,455	\$ 1,650	\$ 1,615

**\* - A minimum membership contribution of \$1,750 is required to be eligible for the member tuition rates**

**Per Day Drop-in Rates (Approval by the Early Childhood Director/Assistant Director/  
Schedule Supervisor is necessary to confirm if there is availability)**

9am-1pm \$ 75 per day      9am-3pm \$ 110 per day      7:30am-5pm \$ 175 per day

**Services Provided**

The above fee for services include:

AM and PM snack, child care, growth and development, socialization, social emotional learning

Extra services provided with 7:30am-5:00pm fee:

Early/late care and additional snack

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

**Temple Sinai Ann Newman Preschool Agreement 2026-27**

**Check Off Your Child's Schedule**

9am - 1pm     9am - 3pm     7:30am - 5pm  
 Monday     Tuesday     Wednesday     Thursday     Friday

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

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 state mandated ratios.

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

Child's name: \_\_\_\_\_

**\$300 per child non-refundable/non-transferable deposit to be applied to the first tuition bill**

Please check off how you intend to pay the deposit:

Check enclosed     ACH     Credit Card (fee will be added)  
 Temple Sinai Member(s)     Nonmember(s)     10% sibling discount applied to the lowest tuition

**Form of payment for billing**

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

Credit card info (fee will be added)  Process on date billed     Process end-month     I/We will process/submit  
#: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

ACH payment (No fee)     Process on date billed     Process end-month     I/We will process/submit

Note: E-check account information must be entered through ShulCloud by the account holder.  
Email mlyons@tsinai.com if you need to obtain 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 2026-27 school year. All school deposits and payments are non-refundable/non-transferable. Changes to my child's schedule will affect the balance and credit card and ACH 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 from the program a minimum of 30 days' notice, in writing, is required, and payment will be due for tuition through 30 days from the notification date. If monthly tuition is not received on or before the 30th of each month, and a payment arrangement is not in place, a late fee of \$25 may be charged, and it may result in the termination of service.

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

We, parents/guardians, acknowledge that we:

Have received complete written program information at the time of enrollment  
 Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Office Use Only**

Tuition Cost: \$ \_\_\_\_\_ /year - \$ \_\_\_\_\_ due monthly by the 30th of each month  
Key Fob Fee: \$ \_\_\_\_\_ \$36 one-time only fee for two key fobs  
Security Fee: \$ \_\_\_\_\_ 500 Annual fee (Only charged once per family)  
Activity Fee: \$ \_\_\_\_\_ 150  
Deposit Deducted: (\$ \_\_\_\_\_)  
First payment \$ \_\_\_\_\_ due by mid-July  
**Billing Process:** 10 months beginning mid-July 2026 through mid-April 2027

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