

**Infant Center  
Registration Form**

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

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M/FM: \_\_\_\_\_

Age as of September 15, 2023: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
Mr. Mrs. Ms. Dr. (circle one) Mr. Mrs. Ms. Dr. (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  
(215) 643-6513 or sciment@tsinai.com.

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

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

**Ann Newman Infant Center 2023-24**

**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**

<b>3 Days</b>	<b>\$ 1,055</b>	<b>\$ 1,215</b>
<b>4 Days</b>	<b>\$ 1,330</b>	<b>\$ 1,510</b>
<b>5 Days</b>	<b>\$ 1,655</b>	<b>\$ 1,900</b>

**Daily Drop In Rate : \$175 per day**

**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 final school bill in mid-April.**

**Please check off how you intend to pay the deposit:**

- Check enclosed  ACH  Credit Card (fee will be added)
- Temple Sinai Member(s)  Not Temple Sinai Member(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 (applicable fee will be added)  Please process on date billed  Please process end-month  
#: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

- ACH payment (No fee)  Please process on date billed  Please process end-month

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 2023-24 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.

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

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

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

**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 (Members are billed w/membership)  
 Security/Maint. Fee \$ \_\_\_\_\_ Annual Fee  
 Activity Fee: \$ \_\_\_\_\_ 125  
 Deposit Deducted: (\$ \_\_\_\_\_)  
 First payment \$ \_\_\_\_\_ due by mid-July

**Billing Process:** Infant Center tuition will be billed on the 15th of each month for the following month. Late payment may result in the termination of service.

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

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