



Ann Newman Preschool

Registration Form

September 3, 2019 - June 12, 2020

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

Child's Name: _____

Birthday: _____ M/FM: _____

Age as of September 15, 2019: _____

Admission Date: _____ Start Date: _____

Parent's Name: _____

Parent's Name: _____

Email: _____

Email: _____

Address: _____

Address: _____

Cell: _____

Cell: _____

Home: _____

Home: _____

Employer/Occupation/Address/Phone: _____

Employer/Occupation/Address/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.):

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 Beth Rabinowitz, Early Childhood Director,
at (215) 643-6513 or preschool@tsinai.com.**

For billing questions contact Ellen McGrother at (215) 643-6510 x122 or emcgrother@tsinai.com.

Price Sheet

September 3, 2019 - June 12, 2020

	Member	Non Member
	Monthly Rate	
9am-12pm		
2 Day	\$285	\$325
3 Day	\$395	\$450
4 Day	\$460	\$530
5 Day	\$535	\$620
9am-1pm		
2 Day	\$360	\$410
3 Day	\$460	\$590
4 Day	\$565	\$650
5 Day	\$685	\$790
9am-3pm		
2 Day	\$460	\$530
3 Day	\$625	\$720
4 Day	\$765	\$880
5 Day	\$830	\$1,015
7:30-6pm		
2 Day	\$620	\$700
3 Day	\$860	\$975
4 Day	\$1,025	\$1,180
5 Day	\$1,090	\$1,280

Per Day Drop In Rate (Approval by the Early Childhood Director is necessary to see if there is availability.)

9am-12pm	\$ 45 per day	9am-1pm	\$ 60 per day
9am-3pm	\$ 90 per day	7:30am-6pm	\$ 160 per day

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Temple Sinai 1401 North Limekiln Pike Dresher, PA, 19025

Ann Newman Preschool Agreement

2019-2020

Check Off Your Child's Schedule

9 am-12 pm 9 am-1 pm (lunch bunch) 9 am-3 pm 7:30 am-6 pm

All 5 Days Monday Tuesday Wednesday Thursday Friday

Weekly schedules are for the full school year. If you need a schedule change during the school year email preschool@tsinai.com.

If your child misses a day of school, due to sickness, vacation, scheduled school closures, weather related 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 and we are within ratios.

***** A \$200 deposit for the 1st child and \$150 for the 2nd child must accompany this Registration Form for your child to be registered.**

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 w/membership).

Family Security Fee: \$ 150 _____ Annual Fee (Members will be billed w/Membership).

Activity Fee: \$ 125 _____

Deposit Deducted: \$- _____

Balance of Tuition \$ _____

Temple Sinai Member I am not a Temple Sinai Member

Billing Process: 10 months beginning mid-June 2019 through mid-March 2020 (For add 'l options contact accounting office.)

Form of Payment:

Credit Card Include other charges on my credit card. (e.g. Membership, Religious School)

Monthly Check (payable to Temple Sinai) 1401 North Limekiln Pike Dresher, PA, 19025

Credit card (fee of 2.1% will be added) #: _____ Expiration date: _____

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

Address: _____ City: _____ State: _____ Zip: _____

I agree to pay the Ann Newman Preschool and Infant Center the balance of tuition for the 2018/2019 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: _____

Parent's signature: _____ Date: _____

Director's signature: _____ Date: _____

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Office Use Only: Sixth Month Review: signature _____ date _____