

PRESCHOOL REGISTRATION APPLICATION

2011- 2012

THE PRE-SCHOOL AT TEMPLE BETH SHALOM
489 LOWELL STREET
PEABODY, MASS.
978-535-0548

Child's Name _____

Home Address _____ Phone # _____

City _____

Date and place of birth _____

Mother's Maiden Name _____ Father's Name _____

e-mail address _____

Person who is responsible for paying the bill _____

PLEASE ENROLL MY CHILD IN THE FOLLOWING PROGRAM:

THREE YEAR OLD CLASSES

1. TWO DAY PROGRAM : TUES & THURS OR MON & WED OR WED & FRI
2. THREE DAY PROGRAM: MONDAY, WEDNESDAY, FRIDAY
3. FOUR DAY PROGRAM: ANY FOUR
4. FIVE DAY PROGRAM: MONDAY - FRIDAY

FOUR YEAR OLD CLASSES

5. TWO DAY PROGRAM: TUES & THURS OR MON & WED OR WED & FRI
6. THREE DAY PROGRAM: MONDAY, WEDNESDAY, FRIDAY
7. FOUR DAY PROGRAM: ANY FOUR
8. FIVE DAY PROGRAM: MONDAY - FRIDAY

I am interested in the EXTENDED DAY PROGRAM from 12:00-2:00 pm on :

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Signature _____ Date _____

Please enclose a \$100.00 non-refundable registration fee payable to:
The Pre-School at Temple Beth Shalom. Please note that \$25.00 of the above fee will be credited to
the first month's tuition.