

TODDLER 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 City of Birth _____

Mother's Maiden Name _____ Father's Name _____

E-Mail Address _____

Person who is responsible for bill _____

PLEASE ENROLL MY CHILD IN THE FOLLOWING PROGRAM:

2 DAYS ANY TWO DAYS: MONDAY OR WEDNESDAY OR FRIDAY

3 DAYS MONDAY, WEDNESDAY, FRIDAY

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

Monday _____ Wednesday _____ Friday _____

Signature _____ Date _____

We will try to accommodate your preference. If a day you have chosen is unavailable, you will be contacted.

Please enclose a \$100.00 non-refundable registration fee payable to:
The Pre-School at Temple Beth Shalom, 489 Lowell Street, Peabody, MA 01960

Please note that \$25.00 of the above fee will be credited to the first month's tuition.