

Application for 2008-09 Beth Emet Early Childhood Program

Please complete a separate form for each child.

Check appropriate program:

1 day Bonim
 2 day K'tonton
 3 day Kadima

3 day Madregot
 5 day G'dolim

Child's Name _____

M or F

Address _____

Date of Birth _____

City _____ **Zip** _____

Home Phone _____

Family email _____

Beth Emet Synagogue Member by 9/1/08?

Yes _____

No _____

Parent Name: _____

Parent Name: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Please complete both pages and return to the school office with your deposit. If you selected the Automatic Deduction Form, be sure to enclose the completed form with a blank check. Please sign and date where appropriate.

Office use only

Date received _____ PIF _____

Check # _____ ADP? _____

Class _____

School Payment Worksheet

School Tuition: \$ _____

*Less \$200.00 deposit \$ _____

Balance \$ _____

***All deposits will be applied toward tuition. Deposits are non-refundable if your child is accepted into the program.**

School Payment Options (check one)

I/We chose the following payment plan to pay the balance above:

Tuition paid in full by July 1, 2008

Automatic Deduction Payments. I have completed the attached enrollment form for this plan.

I have read and understand the Tuition Policy and Payment Plan, including the refund plan, on the attached sheet.

Parent Signature

Date
