



2016/2017 Enrollment Form

Child's Name _____ Birth date _____ Sex M or F

Parent(s)' Name _____

Address _____

Home Phone Number _____ Are you a Beth Shalom Congregant? Yes No

If no: Member of _____ Congregation **OR** _____ Unaffiliated

Parent 1 Cell: _____ E-mail address _____

Parent 2 Cell: _____ E-mail address _____

For the 2016/2017 school year, my child will be:

Toddlers: _____ 18 months by 8/31/16 for Fall **OR** _____ 18 months by 1/1/16 for January

_____ 2 Day Tues/Thurs _____ 3 Day Mon/Wed/Fri _____ 5 Day Mon - Fri

Mini-school: 24 months by 8/31/16

_____ 2 Day Tues/Thurs _____ 3 Day Mon/Wed/Fri _____ 5 Day Mon - Fri

3's: 3 yrs. by 8/31/16 (This is a 4 or 5 day program)

_____ 4 Days Tues – Fri _____ 5 Days Mon-Fri

PreK: _____ 4 yrs. old by 8/31/16 (This is a 5 day program)

Deposit: A one hundred fifty (\$150) dollar **non-refundable** deposit check is required to validate this registration form and to hold space for your child. The deposit is applied toward the total fee if it is received by April 6, 2016.

Scholarships: There are funds available to **members** of Beth Shalom Synagogue who demonstrate a need for tuition assistance. Scholarship applications may be obtained in the School Office. Completed applications, **with a current year 1040 tax return form**, must be received no later than July 13, 2016.

I understand the regulations as described above.

Signature Date

Please use the back page to share with us any additional info regarding your child for next year. Please keep in mind that we will do everything possible to honor your requests but that it doesn't guarantee them. You may use the back if you run out of room.

For Office Use Only: _____
Date turned in Ck. # Start Date

The Beth Shalom Early Childhood Education Center does not discriminate against anyone based on gender, race, color, religion, national origin, ancestry or physical handicap in accordance with K.S.A. 44-1009.