



ENROLLMENT FORM | 2025-2026

Child's Name:		_ DOB:		Gende	er:
Parent 1 Name Cell Phone Email Address Home Address		Parent 2 Name Cell Phone Email Address Home Address (if different)			
Are you a Beth Shalom Congregant? If no, are you interested in membership informations are you interested in membership informations.					
For the 2025-2026 school year, please enroll m					
Toddlers (18 months old by 8/31/2025)	3 Days MWF		5 Days M-F		
January Toddlers (18 months old by 1/12026)	3 Days MWF		5 Days M-F		
Twos (2 years old by 8/31/2025)	3 Days MWF		5 Days M-F		
Threes (3 years old by 8/31/2025)	4 Days MWThF		5 Days M-F		
Pre-K (4 years old by 8/31/2025)	5 Days M-F				
A \$150 nonrefundable deposit per child is due Please indicate below how you wish to pay this		nrollment. Th	nis will be appl	lied toward tui	tion.
E-Check/ACH (no convenience charge):		Che	eck (no conven	ience charge):	
Credit/Debit Card (3% convenience charge):□					
CC#		Exp		CVC	
Signature:	Date:				

Scholarships: There are funds available to members of Congregation Beth Shalom who demonstrate a need for tuition assistance. Scholarship applications may be obtained on the CBS website or the preschool office. Completed applications, with a current year 1040 tax return, must be received no later than August 4, 2025.