

**Temple Beth Avodah Nursery School
Registration Form
School year 2007-2008**

Child's Name: _____

Please circle 3 Day Program 5 Day Program Transition to Kindergarten Program

Date of Birth: _____
(must be 2.9 years to begin school)

Mother's Name: _____ Father's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home phone: () _____

Mother's cell phone: () _____ Father's cell phone: () _____

Mother's license plate #: _____ Father's license plate #: _____

Car type: _____

Car type: _____

Email address: _____

Are you a member of Temple Beth Avodah? Yes No
(Please circle)

A non-refundable deposit of \$250.00 is required to reserve a space, of which \$225.00 will be credited toward tuition. The additional \$25.00 is a registration fee. A non-refundable payment of \$500.00 is due by December 15, 2006 to secure enrollment in the program.

Registration is open until October 31, 2006 for returning students, siblings, and members of Temple Beth Avodah. Open enrollment begins on November 1, 2006. Enrollment is done on rolling admissions. In the event that applications surpass available space, a lottery will be held on November 1, 2006 to determine admission.

<i>For office use only</i>	
<i>Deposit received:</i>	____/____/____
<i>Class information:</i>	_____