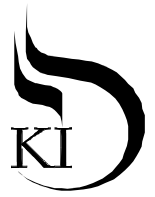


2011-2012 Infant Center Application

Richard E. Rudolph, Jr., Preschool
Reform Congregation Keneseth Israel
8339 Old York Road, Elkins Park, PA 19027
Beth K. Berman, MS. Ed., Director of Early Childhood Education
preschooldirector@kenesethisrael.org
215-887-8704



Child's Name: _____

Start Date: _____

Date of Birth: _____

Age as of September 2011: _____

Parent's Name: _____

Parent's Name: _____

Home Address: _____

Home Address (if different): _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Emergency Contact: _____

Relation: _____

Cell Phone: _____

Home Phone: _____

Additional Information:

If your child has any allergies, specific needs, or has been diagnosed with any physical, educational, emotional, or behavioral disability, please provide as much detail as possible on this form and attach any documented information. Approximately every six months, you will receive a Child Service Report for your child. This report describes your child's growth and development in the context of the services provided by our Preschool. The areas of observation align with Pennsylvania Learning and Academic Standards for Early Childhood.

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Choose your days and times

Please indicate which days your child will be attending and fill in his or her arrival and pick up time.
 Infant Center hours are from 7:30am to 6:00pm.

Child's Name: _____

	Arrival Time	Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Tuition Rates

	Weekly Rate
3 Days Per Week	\$190
4 Days Per Week	\$240
5 Days Per Week	\$280

IMPORTANT NOTES:

A Registration Fee of \$200 payable to Keneseth Israel must be submitted with this application. This fee is non-refundable and non-transferable. Acceptance and placement of your child is at the discretion of the Preschool Director.

You will be billed in 12 monthly installments from July through June and are obligated to pay for the schedule indicated on this form.

If you withdraw from the Infant Center, you are responsible for payment until the end of the month following the date of departure.

If you change your child's schedule after September 1st, a tuition revision form must be submitted with a \$25 administrative fee made payable to Keneseth Israel before your child can attend. Schedule changes must be approved.

Complete only if paying by credit card. Your card will be charged in 12 monthly installments from July through June.

Payment options (please circle): Check or Credit Card (Mastercard/Visa)

Credit Card # _____ Exp. Date _____ CVV# _____

Parent's Signature _____ Date _____

Office Use Only: Office will total up the cost.

Total: \$ _____ **Date Deposit Rec'd:** _____