TEMPLE ISRAEL CENTER
2010-2011 NURSERY SCHOOL APPLICATION

280 Old Mamaroneck Road, White Plains, NY 10605
914-948-2800 ext. 126 Fax: 914-948-4755

Child's Name: _____ DOB_____
First Last Middle

Hebrew Name: _____ M _____ F_____

Home Phone: _____

Address: _____

Mother's Name _____ Father's Name _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

☐ Please check the box if this email is to be used for correspondence. ☐ Please check the box if this email is to be used for correspondence.

Business Phone _____ Business Phone _____

Temple Affiliation (check one) TIC _____ Other (please specify) _____ None _____

I hereby enroll my child in the Temple Israel Center Nursery School:

Please check the program for which you are enrolling your child.

TODDLER PROGRAMS	**2's PROGRAMS**	**3's PROGRAMS**	**4's PROGRAMS**
☐ Parenting	☐ 2 Morning 2-year-olds	☐ 3 Morning 3-year-olds	☐ 5 Morning 4-year-olds
☐ TIC Tots	☐ 3 Morning 2-year-olds	☐ 5 Morning 3-year-olds	
	☐ 5 Morning 2-year-olds		

I UNDERSTAND AND AGREE THAT I HAVE READ THE CONDITIONS OF THE NURSERY SCHOOL TUITION AND PAYMENT SCHEDULE, AND THAT MY **NON-REFUNDABLE** DEPOSIT IS DUE AT THE TIME OF REGISTRATION. .

$750.00 - for the Regular Program $250.00 - Parenting Center and TIC Tots

Signature of Parent _____ Date _____