

Bet Torah Nursery School Application Form: 2021-2022 School Year

Child _____ Date of Birth _____ Sex: M ___ F ___

Address _____

Home phone _____ E-mail _____

Parent 1 _____ Daytime phone _____ Cell phone _____

Parent 2 _____ Daytime phone _____ Cell phone _____

Caregiver _____ Cell phone _____

Synagogue affiliation (if any) _____

Please circle class program you are registering for along with registration fee:

<u>CLASS</u>	<u>SESSION</u>	<u>TUITION</u>	<u>BET TORAH MEMBERS PAY:</u>
2 year olds (by 12/31/21)	2 mornings	\$4371	\$3506
2 year olds (by 12/31/21)	3 mornings	\$6214	\$4945
2 year olds (by 12/31/21)	5 mornings	\$8719	\$6835
3 year olds (by 12/31/21)	5 mornings	\$8573	\$6708
4 year olds (by 12/31/21)	5 mornings	\$8573	\$6708

Sibling discount: \$400 per family

Security fee: \$250 per family; this fee will be included in your school billing

Priority registration is conducted on a first come-first serve basis. Please enclose a \$500 deposit and a separate registration for each child. If your child is not accepted into the program, a full \$500 deposit will be returned. If you withdraw your child from the program on or before April 1, \$250 will be refunded. No money will be refunded after this date. Your deposit is non-transferable.

Signature _____ Date _____

Children must be immunized in accordance with New York State health regulations in order to attend our school.