

JACOB'S LADDER REGISTRATION FORM 2020-2021

FOR OFFICE USE ONLY	
DATE REC'D	_____
CLASS	_____
TUITION	_____
DEPOSIT	_____
PROCESSED	_____

* TEMPLE MEMBERS RECEIVE A 10% DISCOUNT ON TUITION*

Advance registration and deposit are required to ensure enrollment. Class size is limited. All classes are subject to minimum enrollment and Jacob's Ladder reserves the right to cancel any class due to insufficient enrollment in which case you will receive a complete refund.

PLEASE RETURN COMPLETED FORM

I wish to register my child _____ for the following session (circle one) WATCH US GROW, TODDLERS, PLAYMATES, 3 YEAR OLDS, PRE-K to meet on _____ day(s) at _____ (time). This application is accompanied by a \$600.00 **non-refundable deposit** and the remaining tuition is to be paid in monthly installments on the 5th of each month. **Tuition must be paid in full by May 5, 2021.**

 Parent's Signature

SCHOOL YEAR _____ NEW APPLICANT _____ RE-REGISTRANT _____

CHILD'S NAME _____ DATE OF BIRTH _____
Last First Middle

ADDRESS _____ PHONE _____
Street Town Zip Code

PARENT #1 NAME _____

BUSINESS PHONE _____ CELL PHONE _____

EMAIL _____

PARENT #2 NAME _____

BUSINESS PHONE _____ CELL PHONE _____

EMAIL _____

EMERGENCY CONTACT _____ RELATION _____ PHONE _____

ARE YOU A MEMBER OF CENTRAL SYNAGOGUE - BETH EMETH _____

It is understood that there will be NO refund of tuition for absences, school holidays, vacations, closures due to inclement weather and power outages.

See Back

**PAYMENT METHOD
DEPOSIT DUE AT REGISTRATION**

Check Payable To Central Synagogue - Beth Emeth

Visa

MasterCard

Discover

Cardholder name _____

Cardholder billing address _____

Card # _____ Exp. Date _____ Security Code _____

Charge this card on the 5th of each month. Payment due in full by May 5, 2021

Charge this card for the full payment

I, _____ authorize Central Synagogue - Beth Emeth to charge my credit card above for the agreed amount.

Signature _____ Date _____

Please note there will be a 3% processing fee added to all credit card payments.

Mail form with payment to:

Central Synagogue - Beth Emeth, 430 DeMott Avenue, Rockville Centre, N. Y. 11570