

**JACOB'S LADDER REGISTRATION FORM
2023 – 2024 SCHOOL YEAR**

****Temple Members receive a 10% tuition discount**
****Siblings receive a 10% tuition discount******

For Office Use Only:	
Date Received	_____
Class	_____
Tuition	_____
Deposit	_____
Processed	_____

Advance registration and a non-refundable deposit of \$800 are required to secure enrollment. *No deposit is required for Watch Us Grow; payment in full is due at registration.* Class sizes are limited. Jacob's Ladder reserves the right to cancel any class due to insufficient enrollment, in which case deposits will be refunded.

Please include your non-refundable deposit with this registration form and return it to the school. Tuition is due the 5th of the month from August through May and must be paid in full by May 5 of the school year.

Please enroll my child in the following class: Watch Us Grow ___ Playmates ___ 3 Year Olds ___ Pre-K ___

Days: M ___ T ___ W ___ TH ___ F ___ **Time:** _____

Please check: New ___ Current Student ___

Child's Name: _____ Date of Birth: _____

Address: _____
Street Town Zip

Parent/Guardian #1: _____ EMAIL: _____

Daytime Phone: (____) _____ home ___ cell ___ work ___

Parent/Guardian #2: _____ EMAIL: _____

Daytime Phone: (____) _____ home ___ cell ___ work ___


Please provide an emergency contact if we can't reach you: _____

Phone: _____ Relationship: _____

I understand and agree to the following: A non-refundable deposit is required to secure my child's spot in a class. Tuition is due monthly and must be paid in full by May 5 of the school year. There is no refund of tuition for absences, school holidays, vacations, closures due to inclement weather or power outages.

Signature: _____

Date: _____

Please turn over 

PAYMENT OPTIONS

Are you a Temple Member? Yes ___ No ___ Are you enrolling two or more children? Yes ___ No ___

DEPOSIT: A deposit is due at registration to secure your child’s spot in a class.

Please check the payment method for your deposit:

Check _____ Cash _____ Credit Card _____ (see below)

SCHOOL YEAR TUITION: Tuition is due on a monthly basis for a 10-month period from August through May. All tuition must be paid in full before May 5 of the school year.

Please check the payment method for your school year tuition:

Check _____ Cash _____ Credit Card _____ (see below)

CREDIT CARD INFORMATION:

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

Cardholder Name: _____

Cardholder Billing Zip Code: _____

Card # _____ Exp. Date _____ CCV _____

I, _____, authorize Central Synagogue-Beth Emeth to charge the above credit card for Jacob’s Ladder tuition.

_____ Charge this card for the deposit only

_____ Charge this card monthly

_____ Charge this card for the full tuition now

Signature

Date

PLEASE MAKE CHECKS PAYABLE TO:
CENTRAL SYNAGOGUE - BETH EMETH or CSBE

Please mail this form with payment to:
Central Synagogue – Beth Emeth
430 DeMott Avenue, Rockville Centre, NY 11570