



**JACOB'S LADDER PRESCHOOL**

430 DeMott Avenue - Rockville Centre, NY 11570  
TEL : (516) 763-0235 FAX : (516) 608-2366

For Office Use Only:

Date Received \_\_\_\_\_  
Class \_\_\_\_\_  
Tuition \_\_\_\_\_  
Deposit \_\_\_\_\_  
Processed \_\_\_\_\_

**JACOB'S LADDER SUMMER REGISTRATION**

**June 24, 2024 – August 8, 2024 (7 weeks)**

**(Closed on Thursday, July 4)**

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

**\*\*Siblings receive a 10% tuition discount\*\***

Advance registration and a **\$500** non-refundable deposit are required to secure enrollment. All classes are subject to a minimum enrollment and class size is limited. Jacob's Ladder reserves the right to cancel any class due to insufficient enrollment, in which case you will receive a complete refund.

Please Check	Program	Time	Tuition	
			<u>EARLY BIRD</u>	<u>AFTER APRIL 5, 2024</u>
_____	2 Year Olds (2 by August 1, 2024) DAYS: Mon ___ Tues ___ Wed ___ Thurs ___  ----- <b>OR</b> -----	9:15AM to 12 Noon  ----- <b>OR</b> -----	<b>2 Days: \$618</b> <b>3 Days: \$927</b> <b>4 Days: \$1236</b>	<b>2 Days: \$648</b> <b>3 Days: \$972</b> <b>4 Days: \$1296</b>
_____	2 Year Olds (2 by August 1, 2024) DAYS: Mon ___ Tues ___ Wed ___ Thurs ___  <b>Enrollment form and deposit is due by April 5, 2024</b> <b>for Early Bird Discount</b> <b>Balance is due in full by June 5, 2024</b>	9:15AM to 1:00 PM	<b>2 Days: \$822</b> <b>3 Days: \$1232</b> <b>4 Days: \$1644</b>	<b>2 Days: \$864</b> <b>3 Days: \$1295</b> <b>4 Days: \$1726</b>

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 \_\_\_

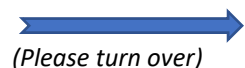
Please provide an emergency contact if we cannot reach you: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that tuition is based on attendance for 7 weeks and there are no refunds or adjustments for absences due to illness (including COVID-19 related closures or a personal decision to quarantine), personal vacations, or closures due to inclement weather, power outages or other events beyond the school's control. No exceptions can be made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PAYMENT OPTIONS**

Are you a Temple Member? Yes \_\_\_ No \_\_\_ Are you registering 2 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)

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**TUITION:**

Please check the payment method for the balance of your summer camp tuition:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ (see below)

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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 Jacobs Ladder tuition.

\_\_\_\_ Charge this card for the deposit

\_\_\_\_ Charge this card for the full payment 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



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Please Check	Program	Time	Tuition
_____	3 Year Olds (3 by Dec. 1, 2024)	9:15AM To 1:00 PM	<b>**\$1644 EARLY BIRD**</b> <b>Enrollment form and deposit is due by</b> <b>April 5, 2024 for Early Bird Discount.</b>  <b>AFTER APRIL 5, 2024: \$1726</b>
_____	4 Year Olds (4 by Dec. 1, 2024)		
_____	Stepping Stones (children entering Kindergarten 9/23)		
<b>ALL CLASSES MEET 4 DAYS</b> <b>Balance due in full by June 5, 2024</b>			

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 \_\_\_

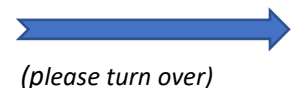
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