



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 _____
Processed _____

JACOB'S LADDER REGISTRATION FORM

WATCH US GROW – SPRING 2025

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

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

CHILDREN MUST BE AT LEAST 18 MONTHS OLD BY JANUARY 8th, 2025.

Advance registration and full payment of \$490 are required to secure enrollment. Class sizes are limited. This class requires a minimum enrollment of 4 children. Jacob's Ladder reserves the right to cancel any class due to insufficient enrollment, in which case tuition will be refunded or held for future enrollment. Please include your tuition with this registration form and return it to the school.

Please enroll my child in the following class: WATCH US GROW, WEDNESDAYS, 9:15AM to 10:30AM

14 CLASSES: January 8th, 22, February 12, 26, March 5, 12, 26, April 2, 23, 20 and May 7, 14, 21, 28

Please check: New Family _____ Current Family _____

Child's Name: _____ Date of Birth: _____

M _____ F _____

Address: _____
Street Town Zip

Parent/Guardian #1: _____ EMAIL: _____

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

Parent/Guardian #2: _____ EMAIL: _____

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

I understand and agree to the following: Payment in full is due at the time of enrollment. There is no refund of tuition for absences due to illness (including Covid-19 related closures or a personal decision to quarantine), personal vacations, and closures due to inclement weather, power outages or other events beyond the school's control.

Signature: _____

Date: _____

Please turn over →

PAYMENT OPTIONS

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

CASH – please bring cash payments to the office, where you’ll receive a receipt

CHECK – please make checks payable to Central Synagogue – Beth Emeth, or CSBE

ZELLE – Zelle payments can be sent to treasurer@csbeli.org

CREDIT CARD – we will process a credit card payment for you. Please provide your credit card information 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.

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