

**TEMPLE BETH ZION'S PRESCHOOL  
FALL 2009  
APPLICATION**

**DATE** \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

**CITY, STATE ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**DAYS AND HOURS  
OF ATTENDANCE** \_\_\_\_\_  
(EX: M-F, 9-3)

**PARENT'S NAME** \_\_\_\_\_

**REGISTRATION FEE PAID:**  
**DATE** \_\_\_\_\_ **AMT** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_

**\* REGISTRATION FEE: \$150.00**

**\* LATE FEE: \$5.00 FOR THE FIRST FIVE  
MINUTES AND \$2.00 PER  
MINUTE THEREAFTER**

**\* DIAPERS MUST BE BROUGHT IN FOR CHILDREN WHO  
ARE NOT TOILET TRAINED**

**TEMPLE BETH ZION'S PRESCHOOL RESERVES THE RIGHT TO CANCEL  
ANY PROGRAM DUE TO LACK OF ENROLLMENT.**

**PARENT'S SIGNATURE** \_\_\_\_\_