

Temple Beth El Child Development Center
Summer Splash and Fall Kick-Off 2011

Child's Name _____ date of birth _____
entering grade _____

Child's Address _____ male / female

City/Zip _____ Home Phone (_____) _____

Parent's Name _____ Day phone (_____) _____
cell phone(_____) _____ e-mail _____

Notes: _____

→ **Please indicate the desired schedule of SUMMER Splash days & times for your child to attend:**

9:00 a.m. – 12:30 p.m. 2 days _____ 3 days _____ M-F _____ **OR**

6:45 a.m. – 6:00 p.m. (5:00 Fri) 2 days _____ 3 days _____ M-F _____ **CLOSED July 5th and August 15th-19th**

Other requested schedule: _____

If dropping (such as to begin Kindergarten), please list child's last day _____

Updated vacation credit policy: one week after six months of attendance per year with two weeks' written notice

→ Please list any planned week(s) your child will not be in attendance:

→ **Please indicate the desired schedule of FALL days & times for your child to attend:**

9:00 a.m. – 12:30 p.m. 2 days _____ 3 days _____ M-F _____ **OR**

6:45 a.m. – 6:00 p.m. (5:00 Fri) 2 days _____ 3 days _____ M-F _____

School-age ____AM ____PM 2 days _____ 3 days _____ M-F _____

Other requested schedule: _____

Teacher preference _____ Identified special needs/notes: _____

Desired / Anticipated start date: _____

Parent's Signature _____ Date _____, 20____

Office Only:

Regis PAID check # _____ / cash receipt # _____ Amount \$ _____

Actual START date: _____ Classroom # _____