

Temple Beth-El School
2 Year Old
Winter 2012
After School Academy

Winter 2012 ASA Session runs 9 weeks

Tuesday, January 17th thru Friday, March 16th

*Please note there are no classes on the following: Monday, 1/16/12 & Monday, 2/20/12

Child's Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Parent's Name(s): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Allergies/Medical Conditions? _____

Emergency Contacts (Someone other than Parents)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I understand that my child will be picked up at the side preschool door promptly at 3:00pm on the day(s) he/she attends the Temple Beth-El After School Academy. If my child is not picked up by 3:10 he/she will be placed in Late Stay which is available until 4:00pm, for a fee of \$7.00. I will notify the school office of my intent for my child to be placed in Late Stay. All children must be picked up by 4:00pm. I understand a \$5.00 late fee will be assessed for every five minutes a child remains in our care after 4:00pm.

Parent's Signature

Date

Temple Beth-El School, 579 N. Nova Rd, Ormond Beach, FL 32174

675-6630 www.tbeshool.com

Classes are filled on a first come first served basis. Class schedule is subject to change and you will be notified if your class selection is unavailable or time has changed.

All children must be preregistered and there is no refunds or make-ups for missed classes.

All classes include Stay & Play at a reduced rate. If you wish to have your child attend a class on a day that he/she is not here they may still come at 12:15pm and stay until 3:00pm or you may pay the class only price and have your child attend the class only.

Register for 2 or more classes and receive a 10% discount

Tuesday:

_____ Edible Art (12:30 to 1:00)

Wednesday:

_____ Magical Music (2:00 to 2:30)

Thursday:

_____ Teeny Tiny Yoga (1:30 to 2:00)

Friday:

_____ Creative Hands (12:30 to 1:00)

Tuesday—Thursday:

of Classes per week _____ @ \$252.00 per 9 wks = \$ _____

of Class only Classes per week _____ @ \$63.00 per 9 wks = \$ _____

Sub Total = \$ _____

10% Multi-Class Discount = \$ _____

Grand Total Due = \$ _____

Child's Name: _____

***Note: No Classes on Mondays**

Office Use Only	
Date	
Amount	
Check #	