

Saul Spielberg Early Childhood Center Registration 2012-2013



Check Box Below:	Age As Of 7/31/12 (Grouped for tuition rates, not class assignments)	Days of Week <u>Morning Kehillah 9:00 a.m.-12 noon</u>	Monthly Tuition	
			Member	Non-Member
<input type="checkbox"/>	12 Months (walking) - 18 Months	3 days - M, W, F	\$250	\$295
		2 days - M, W, or F (please circle)	\$185	\$230
<input type="checkbox"/>	18 - 35 Months	3 days - M, W, F	\$240	\$285
		2 days - M, W, or F (please circle)	\$175	\$220
		5 days - M-F (with KDO on T, Th)	\$350	\$415
<input type="checkbox"/>	3 years - Pre-Kindergarten	5 days - M-F	\$320	\$385

Check Box Below:	Age As Of 7/31/12 (Grouped for tuition rates, not class assignments)	Days of Week <u>Full Day Kehillah 9:00 a.m.– 3 p.m.</u>	Monthly Tuition	
			Member	Non-Member
<input type="checkbox"/>	12 Months (walking) - 18 Months	3 days - M, W, F	\$525	\$570
		2 days - M, W, or F (please circle)	\$370	\$415
<input type="checkbox"/>	18 - 35 Months	3 days - M, W, F	\$505	\$550
		2 days - M, W, or F (please circle)	\$350	\$395
		5 days - M-F (with KDO on T, Th)	\$725	\$790
<input type="checkbox"/>	3 years - Pre-Kindergarten	5 days - M-F	\$680	\$745

Additional Options:	Kids Day Out (KDO) 9 a.m.-12 noon T, Th	Afternoon Kehillah 12 noon—3 p.m.	Lunch Bunch 12 noon—1 p.m.	Early Care Beginning at 8 a.m.	Late Care Available 3 p.m.—6 p.m.
Cost:	\$20 per day	\$20 per day	\$10 per day	\$8 per hour \$5 for only 30 min.	\$7 per hour \$4 for only 30 minutes

If you are interested in other options, please call the school office at 314-434-3404.

Registration Fee: \$120 (\$60 of which will be taken off your December, 2012, tuition if you register by March 1) = \$120

Activity Fee: \$50 per child (5 day), \$30 per child (3 day), or \$20 per child (2 day) = \$

 I have enclosed a check for the TOTAL = \$

Please send check, payable to United Hebrew Congregation, with this enrollment form to: Saul Spielberg Early Childhood Center, United Hebrew Congregation, 13788 Conway Road, St. Louis, MO 63141.

Parent's Signature _____ Date _____

Saul Spielberg Early Childhood Center Registration 2012-2013



Child's Full Name _____ Gender: M F (Circle)

Child's Nickname _____ Child's Birthdate _____

Parent 1: Name _____ Parent 2: Name _____

Business # _____

Business # _____

Cell # _____

Cell # _____

Email _____

Email _____

Home Address _____ Zip _____

Home Phone _____ Temple Affiliation _____

Child's T-shirt Size (for Sept. 2012): ___XS (2-4) ___S (6-8) ___M (10-12) ___L (14-16)

Emergency Medical Consent

Physician's Name _____ Phone _____

Food Allergies _____

Medication Allergies _____

Individuals who should be contacted in an emergency if parents cannot be reached:

Name	Relationship	Home Phone	Cell Phone
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Name	Relationship	Home Phone	Cell Phone
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In case of a medical emergency, I give my permission for the school to contact my child's physician if I cannot be reached. If it appears to be necessary, I authorize a school representative to call 911 or take my child to the nearest hospital.

Parent's Signature

Date