



2009-2010 TWOS REGISTRATION FORM

TEMPLE MEMBER _____

CHILD'S FULL NAME _____ NICKNAME _____

HOME ADDRESS _____ GENDER _____

CITY _____ ZIP _____ PHONE _____

CELL/BPR _____ CHILD'S DATE OF BIRTH _____

PARENT'S NAME _____ OCCUPATION _____ AGE _____

BUSINESS PHONE _____

PARENT'S NAME _____ OCCUPATION _____ AGE _____

BUSINESS PHONE _____

NAMES AND BIRTHDAYS OF SIBLINGS _____

CHILD'S PHYSICIAN _____ PHONE _____

E-MAIL ADDRESS _____

I WOULD LIKE TO ENROLL MY CHILD IN:

- ____ TWO YEAR-OLD PROGRAM - MONDAY, TUESDAY: 9:00 A.M. -11:15 A.M.
- ____ TWO YEAR-OLD PROGRAM - WEDNESDAY, THURSDAY, FRIDAY: 9:00 A.M. -11:15 A.M.
- ____ TWO YEAR-OLD PROGRAM - MONDAY - FRIDAY: 9:00 A.M. -11:15 A.M.

ALL FEES ARE PAYABLE IN ADVANCE FOR EACH SCHOOL YEAR.
ALL PLACES ARE TAKEN BY THE YEAR.
NO DEDUCTIONS FOR ABSENCES OR WITHDRAWAL.

A \$300 (2D2s or 3D2s), \$500 (5D2s) NON-REFUNDABLE/NON-TRANSFERABLE DEPOSIT TO BE CREDITED TO YEAR'S TUITION IS REQUIRED WITH THIS APPLICATION.

DATE _____ PARENT'S SIGNATURE _____
(PERSON RESPONSIBLE FOR PAYMENTS)

PLEASE, NO ADDITIONAL NOTES ON THIS FORM. THANK YOU.