



**Main Line Reform Temple
School for Early Childhood Education
2019-2020 Registration Form**

Child's Name _____ Sex _____

Birth date _____ Age as of September, 2019 ___years __months

Parent(s)' Names _____

Address _____

Home Phone _____

(Parent 1 Cell) (Parent 2 Cell)

Email address _____

Are you a member of Main Line Reform Temple? ___ Yes ___ No

If No, other synagogue affiliation? _____

Schedule options:

- 9am - 12pm *Half Day*
- 9am - 1pm *Half Day plus Lunch*
- 9am - 3pm *Full Day*
- 8am - 9am, 3-5pm *Extended Hours (3-4pm on Friday)*

My Child's Schedule will be:

- Monday _____ to _____
- Tuesday _____ to _____
- Wednesday _____ to _____
- Thursday _____ to _____
- Friday _____ to _____

Parent's signature: _____ Date: _____

THIS FORM MUST BE ACCOMPANIED BY A NON-REFUNDABLE/NON-TRANSFERABLE
DEPOSIT OF \$500.00 PER CHILD FOR THE SCHOOL FOR EARLY CHILDHOOD EDUCATION
AND \$1,000.00 FOR KINDERGARTEN STUDENTS.

Complete & submit this form to the school office or email it to ECEOffice@MLRT.org
Feel free to call 610-642-0304 x229 with any questions you may have!

OFFICE USE ONLY

Date received _____ Check # _____ Amount \$ _____