Member? Y/N_____



Family ID #_____

Main Line Reform Temple School for Early Childhood Education

Winter Registration - Programs for the Very Young 2019

Name of Chile	d:					
Birthdate:		Age	e as of Jan. 20)19: Years	Months	
Parent's nam	es:					
Address:						
Mother cell:		F	ather cell:_			
Mother e-mail:		Fa	ther e-mail:			
PLEASE CHECK ALL THAT APPLY:						
"Baby & Me" - \$306/396 "Toddler & Me" - Tuesdays - 11:00am-12:00pm □ Tuesdays - 1an. 15th, 2019 - May 28th, 2019 □ Jan. 16th, 2019			10:30am	<u>"New Twos"</u> - \$28 3 □MWF, 9:00-12:00 Jan. 14th, 2019 - Jur	pm	
Name of Program(s)Fee(s)						
Payment Options: □ Cash/Check (enclosed) □ Credit Card						
	Card #	J	Exp. Date	CVV	_	
	Name on card_					
	Billing Address	: Street			-	
	City		_State	Zip		
PAYMENT IN FULL IS DUE WITH REGISTRATION						
Signed				Date		
OFFICE USE ONLY:						
Date Received	d	Chec	k #	Amount Pa	id	