



**Main Line Reform Temple
Early Childhood Education
2018-2019 REGISTRATION FORM**

Child's Name _____ Gender _____

Date of Birth _____ Age as of September, 2018 ____ years ____ months

Parent(s)' Names _____

Address _____

Address _____ Home Phone _____

Cell (Parent) _____ Cell (Parent) _____

Email (Parent) _____ Email (Parent) _____

Are you a member of MLRT? ___Yes ___No If No, other synagogue affiliation? _____

Schedule Options:

- 9am - 12pm Half Day
- 9am - 1pm Half Day plus Lunch
- 9am - 3pm Full Day
- 8 - 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 \$150.00 PER CHILD FOR ECE STUDENTS, AND \$200.00 FOR KINDERGARTEN STUDENTS.

Complete & submit this form to the school office, or email it to ECEOffice@MLRT.org.
Checks can be made payable to "MLRT". Credit Cards accepted by calling the school office.
Call the school office at 610-642-0304 x229 with any additional questions ☺

FOR OFFICE USE:

Date Received _____ *By* _____ *Check #* _____ *Amount \$* _____