



WINTER ECJFE 2012 Registration Form

Shirley R. Abelson Aleph Preschool
Beth El Synagogue, 5224 West 26th Street
St. Louis Park, MN 55416
952-873-7320

www.bethelsynagogue.org/ecjfe

Please **DOWNLOAD** this registration form and **MAIL** to Aleph Preschool.

DO NOT EMAIL THIS FORM

**Class begins on Thursday, February 2, 2012 and will run for 8 weeks.
Complimentary sibling care will be provided.**

_____ 0 – 24 mos., Thursday, 5:45 p.m. – 6:45 p.m. meeting at Beth El Synagogue

COST is \$144 for 8 classes, \$72 for each additional child.

After the 1st week of class, there is a \$25 sign-up fee.

Payment options: Current Aleph Preschool Account APP _____

Credit Card _____ VISA, MasterCard, American Express credit card:

Account # _____

Exp. Date _____, Sec. Code _____ Signature _____

OR Check enclosed _____ Total registration \$ _____

Child's Name: _____
Last First Middle

Child's Birth date: _____ male or female (please circle)

2nd child's name and birth date: _____

I will need sibling care _____ Child's name and age: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Home Phone: _____

Family E-mail: _____

Synagogue Affiliation: _____

Parent Signature _____ Date _____