

2010 - 2011

SHIRLEY R. ABELSON ALEPH PRE-SCHOOL
5224 W. 26TH STREET, ST. LOUIS PARK, MN 55416

Please check enrollment status: Currently enrolled: ___ Member, ___ Associate member, ___ Non-Member
New to school: ___ Member, ___ Associate member, ___ Non-Member

Please fill out this form and MAIL it with a \$100.00 NON-REFUNDABLE FEE to register.

Child's name _____ Male/Female
Last First Middle please circle
Address _____
Street City Zip

Father's Name _____ Home#() Work#()

Mother's Name _____ Home#() Work#()

Child's birth date: ____ / ____ / ____ . Allergies: _____

Family E-mail address: _____

PLEASE PRINT CLEARLY!

All class times are from 9:15 a.m. to 12:45 p.m. except for the Pre-K with Enrichment program.

Please indicate a first and second choice of days. I would like to register my child for:

1. TODDLER PROGRAM: Birth dates from September 1, 2007 – April 30, 2009.
Children **DO NOT** need to be toilet trained. They will be grouped according to age.

_____ M-W-F OR _____ T-TH OR _____ M - F

2. PRE-SCHOOL PROGRAM: For children who are 3 years old by September 1, 2010
Children **MUST** be toilet trained.

_____ M-W-F OR _____ M - F

3. PRE-KINDERGARTEN PROGRAM ONLY: For children who are 4 years old by September 1, 2010

_____ Monday – Friday, 9:15 a.m. – 12:45 p.m. only

4. PRE-KINDERGARTEN WITH AFTERNOON ENRICHMENT PROGRAM:

_____ 5 mornings, plus M -W- F afternoons until 3:30 p.m.

Parent/Guardian Signature _____ Date _____ Application
cannot be accepted without signature of parent or guardian, Signature required on back of this sheet also.

IMPORTANT * OVER * IMPORTANT * OVER * IMPORTANT * OVER

For Office use: Date Rec'd _____ Reg. Fee \$100.00 _____ Check # _____
Confirmation Sent _____ Director _____ Entered by/Date _____
Reg

IMPORTANT POLICY INFORMATION, PLEASE CAREFULLY AND SIGN BELOW

Registration Information

* * **MAIL** form and \$100.00 fee to Aleph School POSTMARKED BY JANUARY 8, 2010 to be included in priority registration. After January 8, it is open enrollment.

Billing Information

* One month's tuition (May Deposit) will be due in our office by May 15, 2010. This payment holds your child's place in the school. You will receive notice of this payment in March 2010.

* This tuition payment will be applied to the month of **May, 2011**

* Monthly tuition is due in our office by the 15th of each month beginning in September.

Cancellation/Refund Policy

* The \$100.00 registration fee is non-refundable.

* Cancellation of enrollment must be received in writing.

* Cancellation of enrollment after May 15, 2010 will result in the loss of the May deposit.

* Cancellation of enrollment after the beginning of school will result in the loss of the current month's tuition and the May deposit.

Parent/Guardian Agreement

1. I understand that addresses and phone numbers of students will appear on a class roster and _____ will be distributed to parents in the class.

2. I understand that withdrawal from Aleph Pre-School will result in forfeiture of the Aleph Pre-School registration fee, the May deposit and any other incidental classroom fees in accordance with the cancellation policy stated in the Aleph School Handbook.

I have read and agree to the terms of this registration application and agreement.

Parent/Guardian Signature _____ Date _____
Application will not be processed without signature of parent/guardian

MAIL application and \$100.00 registration fee to:

Shirley R. Abelson Aleph Pre-School
5224 W. 26th Street
St. Louis Park, MN 55416