

## Carol Schoke Early Childhood Center at Temple Israel 14 Coleytown Road, Westport, CT 06880



## REGISTRATION AND AGREEMENT APPLICATION TOV TIME for the 3s 2019- 2020

## PLEASE PRINT CLEARLY

Name of student:			
	Last	First	
TEMPLE AFFILIAT	ION (CHECK ONE) TEMPLE ISRAEL	MEMBER NO	N-MEMBER
	Tov Time is offered for 3s Tuesday, Wed Tuition is by "trimester" to co	,	- 1

If your child is not toilet trained please speak with the classroom teacher or the Director first to determine if extending the day is appropriate. A minimum of four children must be enrolled for 3s Tov Time in order for each session to run. If minimum staffing requirements are within the allowable range, we will also permit daily online "drop-in" registration at the rate of \$25/day member; \$28/day

nonmember.

TOV TIME	X	Member	Non Member
Tuesday – Music and Movement			
Fall 9/17-11/26		\$160	\$176
Winter 12/3-2/25		\$200	\$220
<b>Spring 3/3-5/26</b>		\$240	\$264
Wednesday – Game Day			
Fall 9/18-11/20		\$180	\$198
Winter 12/11-2/26		\$180	\$198
<b>Spring 3/4-5/27</b>		\$200	\$220
Thursday – Bringing Books to Life			
Fall 9/19-11/21		\$200	\$220
Winter 12/5-2/27		\$220	\$242
Spring 3/5-5/21		\$220	\$242
Total			

For office use:
Date Rec'd:
Check #:
Amount:

I/we understand and agree to the following: Enrollment in Tov Time is non-refundable and non-transferable. Parents are responsible for the entire cost regardless of absences or voluntary withdrawal.

Parent Signature	Date
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