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Fall 2005

TEMPLE BETH TORAH
EARLY CHILDHOOD CENTER
9101 N.W. 57th Street • Tamarac, FL 33351
(954) 722-9537

Broward County Social Services Division/Youth Development Services
Child Care Program • Child Enrollment Information

Child's Name _____ Date of Enrollment _____

Address _____ City _____ Zip _____ Birthdate _____

Sex _____ Previous School Experience _____

NAME	HOME ADDRESS	PHONE	BEEPER/ CELLULAR
Mother _____	_____	_____	_____
Father _____	_____	_____	_____
Guardian _____	_____	_____	_____

PLACE OF EMPLOYMENT	BUSINESS ADDRESS	PHONE
Mother _____	_____	_____
Father _____	_____	_____
Guardian _____	_____	_____
Child's Physician _____	_____	_____

Address of Physician _____

May Temple Beth Torah Call Another Physician If Unable To Contact One Above? _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PERSONS PERMITTED TO REMOVE THE CHILD: Mother Yes ____ No ____ Father Yes ____ No ____

Name _____ Address _____ Relationship _____

Name _____ Address _____ Relationship _____

Tuition is based on a full school year and for your convenience, payable in ten proportional payments (Tuition Periods). I agree to make tuition payments as scheduled on reverse side of this form, the initial payment being due by August 1, and subsequent payments due by the 1st day of each month from August 1 through May 1. All payments are due by the first of each month. Returned check fee, \$25. Any student whose tuition is delinquent will be asked to withdraw from school. I also agree to be responsible for any collection fees and any reasonable attorney costs. TEMPLE BETH TORAH ACCEPTS MASTERCARD, VISA, DISCOVER AND AMERICAN EXPRESS.

Please choose a payment option:

- I will pay monthly by check or cash.
- Bill me on the 1st of each month by credit card: Visa Mastercard Discover American Express

Name of Card Holder _____ Signature _____

Account # _____ Expiration Date _____

I understand that there will be no allowances for holidays, teacher workshops or illness.

Date: _____ Signature Of Person Enrolling Child _____



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