



# Beth Shalom Early Learning Center

5915 Beacon Street  
Pittsburgh, PA 15217  
412.421.8857



**Hilary Yeckel**  
Director

**Seth Adelson**  
Rabbi

**Debby Firestone**  
President

## 2020-2021 INFANT PROGRAM ENROLLMENT FORM Full Year

Program schedule MUST include the 10:00-2:00 time period and be in hourly increments.

5 Days	From	To		Full Year
Five Hours	_____	_____		\$13,920
Six Hours	_____	_____		\$14,460
Seven Hours	_____	_____		\$14,900
Eight Hours	_____	_____		\$15,390
Nine Hours	_____	_____		\$15,880
Ten Hours	_____	_____		\$16,320
Eleven Hours	_____	_____		\$16,810

  

4 Days	From	To	Days*	Full Year
Five Hours	_____	_____	M Tu W Th F	\$12,400
Six Hours	_____	_____		\$12,940
Seven Hours	_____	_____		\$13,380
Eight Hours	_____	_____		\$13,820
Nine Hours	_____	_____		\$14,360
Ten Hours	_____	_____		\$14,800
Eleven Hours	_____	_____		\$15,240

  

3 Days	From	To	Days*	Full Year
Eight Hours	_____	_____	M Tu W Th F	\$12,300
Nine Hours	_____	_____		\$12,790
Ten Hours	_____	_____		\$13,280
Eleven Hours	_____	_____		\$13,720

\*Please circle the days your child will be attending

I am a Member of Beth Shalom \_\_\_\_\_ Jewish and A Member of \_\_\_\_\_  
Jewish and Not Affiliated with a Synagogue \_\_\_\_\_ Not Jewish \_\_\_\_\_

**Beth Shalom Members receive a \$500.00 tuition discount!**  
\_\_\_\_\_ Please contact me about Membership

The PTO assists with fundraising, classroom activities, organizing room parents, and other school programs. The new dues rate also covers your contribution to teacher appreciation gifts that are given during the holidays, instead of individual classroom collections throughout the year. Your participation is encouraged and appreciated.

SUBTOTAL	\$ _____
Non-Member	
Security Fee	\$ 200.00
PTO	\$ 36.00
TEACH Fund	\$ _____
Deposit	(\$ _____)
Member Discount	(\$ _____)
<b>BALANCE DUE</b>	\$ _____

**Please include the \$200.00 non-refundable deposit with the re-enrollment form to secure placement. The deposit is applied to the last month's tuition payment.**

CHILD'S NAME (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

