



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 THREES PROGRAM ENROLLMENT FORM 10 Months

Program schedule **MUST** include the 9:00-2:00 time period and be in hourly increments.

5 Days	From	To	Academic Year	
Five Hours	_____	_____	\$	9,880
Six Hours	_____	_____	\$	10,330
Seven Hours	_____	_____	\$	10,780
Eight Hours	_____	_____	\$	11,230
Nine Hours	_____	_____	\$	11,690
Ten Hours	_____	_____	\$	12,180
Eleven Hours	_____	_____	\$	12,630

4 Days	From	To	Days*	Academic Year
Five Hours	_____	_____	M Tu W Th F	\$ 9,180
Six Hours	_____	_____		\$ 9,640
Seven Hours	_____	_____		\$10,090
Eight Hours	_____	_____		\$10,540
Nine Hours	_____	_____		\$11,030
Ten Hours	_____	_____		\$11,480
Eleven Hours	_____	_____		\$11,930

*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	(\$ _____)
BALANCE DUE	\$

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: ____/____/____

