



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 TWOS PROGRAM ENROLLMENT FORM
Full Year

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

Table with columns: 5 Days, 4 Days, 3 Days, From, To, Days*, Full Year. Rows include Five Hours, Six Hours, Seven Hours, Eight Hours, Nine Hours, Ten Hours, Eleven Hours.

*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.

Table with columns: Item, Amount. Rows include SUBTOTAL, Non-Member Security Fee, PTO, 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: ___/___/___

