

## **At Temple Emanuel**

## **APPLICATION**

Application Fee: \$50.00

(Make checks payable to Temple Emanuel)

Tuition Plans						
Please Check One of the Following						
Half Day: 8:30 – 1:00						
☐ Three-Day Option	\$437.75 per month					
☐ Five-Day Option	\$612.85 per month					
Extended Day: 8:00 – 3:30						
☐ Three-Day Option	\$712.00 per month					
☐ Five-Day Option	\$1,100.00 per month					
Tuition payments are due by the fifth of each month						
	entire term enrolled whether or not the ng inclement weather considerations.					

\* Materials Fee of \$75.00 Once Enrolled

Application Date:

Date of Enrollment:

The Early Childhood Engagement Center admits students without regard to race, creed, color, disability, gender, or national origin.

Please continue on to the back of this form.

## Thank you! 1129 Jefferson Road | Greensboro, NC 27410

(336) 292-7899 | <u>www.tegreensboro.org</u>

Basic Information							
Child's Name:							
	First		Middle	Last			
Date of Birth:	Month		Day	Year			
Addross:							
Address.	Street	(	City	State	Zip		
	Parent/Guardian 1			Parent/Guardian 2			
Name:			Name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
Home Phone:			Home Phone:	Home Phone:			
Cell Phone:			Cell Phone:				
Work Phone:			Work Phone:				
Where Employed: V			Where Employed	Where Employed:			
Email:			Email:				
Siblings and Ages:							
Emergency Care Information							
Alternate Contact if Parents/Guardians Cannot Be Reached:							
Alternate Contact Phone: Alternate Contact Email:							
Child's Allergies: _							
Family Physician: Phone #:							
Medical History:							
Immunization In light of the recent rise in measles, in order to protect all of our children, we are requiring that all children have received							
their MMR shot. Please attain a copy of your child's immunization records so that we can have a copy on file.							
Agreement							
I wish to enroll my child in the program I have indicated and I agree to schedule tuition payments in full and additional fees accordingly. I agree that Early Childhood Engagement Center operators may administer or seek immediate emergency care in urgent situations.							
Parent/Guardian Name:							

Parent/Guardian Signature:\_\_\_\_\_\_ Date: \_\_\_\_\_