



TBA Preschool

Application for Mommy & Me 2024-2025 School Year

Child's Name _____ Sex _____ Birthdate _____

Street Address _____ Telephone _____

City/State/Zip _____ E-mail _____

Mother's Name _____ Occupation _____

Address (if different) _____ Cell Phone _____

Business Name & Address _____ Business Phone _____

Father's Name _____ Occupation _____

Address (if different) _____ Cell Phone _____

Business Name & Address _____ Business Phone _____

How did you hear about us? _____

SESSIONS:	Session 1	Wednesday – 9/11 to 1/8	15 weeks
	Session 2	Wednesday – 1/22 to 5/7	15 weeks

\$250 for Session 1
\$250 for Session 2

Program Description	Session	Day / Time	Fee

I am a member of Temple Beth Ahm in good standing, and will take advantage of the 5% member discount.

Full Payment must be received with this signed application in order to reserve your space, and is due before the program begins. Checks should be made out to **Temple Beth Ahm**. We accept personal checks, Visa and MasterCard (small processing fee). There will be no makeups or credits for missed classes. A minimum is required for all class offerings. Temple Beth Ahm Preschool reserves the right to cancel any program if it does not meet enrollment requirements. All monies will be refunded if cancellation occurs after your enrollment.

Signature _____ Date: _____