



**TBA Preschool**

# Application for Mommy & Me 2025-2026 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 & \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Name & \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

<b>SESSIONS:</b>	<b>Session 1</b>	Wednesday – 10/22 to 2/4	14 weeks
	<b>Session 2</b>	Wednesday – 2/11 to 5/27	14 weeks

**\$252** for Session 1  
**\$252** for Session 2

Program Description	Session	Day / Time	Fee
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☐ 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: \_\_\_\_\_

Submit Application to: Temple Beth Ahm Preschool, 550 Lloyd Road, Aberdeen, NJ 07747 (732) 583-1010