FOR OFFICE USE ONLY:
DATE Received: _____
ACCT. #:_____

HAR SHALOM EARLY CHILDHOOD EDUCATION CENTER

HEBREW PARENT & CHILD CLASS

FOR CHILDREN 12 – 24 MONTHS
Tuesdays – 11:00 am – 11:45 am

Winter Session
January 3, 2012 – March 13, 2012

11 Sessions
Members $165
Non-members $198

_____ _____ _____
Full Name of Student **Gender** **Birth Date**

_____ _____ _____ _____
Title **Parent/Guardian Name** **Title** **Parent/Guardian Name**

_____ _____
Address **CITY** **STATE** **ZIP** **SUB DIVISION**

_____ _____ _____
Parent/Guardian BUSINESS PHONE **Parent/Guardian HOME PHONE** **Cell Phone**

_____
E-Mail Address

A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST ACCOMPANY THIS APPLICATION.

FULL PAYMENT MADE PAYABLE TO HAR SHALOM EARLY CHILDHOOD EDUCATION CENTER (ECEC)
***MUST* ACCOMPANY THIS FORM FOR REGISTRATION TO BE PROCESSED, PLEASE SEND TO:**
HAR SHALOM EARLY CHILDHOOD EDUCTION CENTER
11510 FALLS ROAD
POTOMAC, MD 20854

I UNDERSTAND THAT NONE OF THE YEAR'S TUITION OR THE PROCESSING FEE WILL BE REFUNDED, IF WE ARE ABLE TO PLACE YOUR CHILD.

_____ _____
SIGNATURE OF GUARDIAN **DATE**