

FOR OFFICE USE ONLY:

DATE Received: _____

ACCT. #: _____



HAR SHALOM EARLY CHILDHOOD EDUCATION CENTER

HEBREW PARENT & CHILD CLASS

FOR CHILDREN 12 - 24 MONTHS

Tuesdays - 10:00 am - 10:45 am

Session I

September 13, 2011 - November 29, 2011

12 Sessions
 Members \$180
 Non-members \$216

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 EDUCATION 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