



401 Roslyn Road, Roslyn Heights, NY 11577 Tel.# (516) 621-1171 [www.tbsroslyn.org](http://www.tbsroslyn.org)

# 2010 Application

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

_____	_____	_____	_____
Father's Name	Bus. Phone #	Mother's Name	Bus. Phone #
Cell Phone _____	Temple Member	Yes _____	NO _____

Email Address: \_\_\_\_\_

Person to call in case of emergency: \_\_\_\_\_  
Name Phone #

## SUMMER SESSION

			Member	Non-Member
June 22 – July 27	10:00 AM – 11:30 AM	Tuesday	\$150	\$220

**A DEPOSIT OF \$75 IS REQUIRED WITH REGISTRATION.  
COMPLETE PAYMENT IS DUE ON OR BEFORE THE FIRST DAY OF CLASS.**

**Please make check payable to TEMPLE BETH SHOLOM.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

The school reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety, or emotional problems, which the school deems, may endanger the welfare of the children. The school does not have a nurse on the premises. Program Is Dependent Upon Sufficient Registration.