

**SMALL WONDERS AT TEMPLE JUDEA
REGISTRATION 2017/2018**

Child's Name _____ Date of Birth _____

Parent/Guardian Name(s) _____

Address _____

Telephone Number (s) _____ Cell Phone Number(s) _____

E-Mail (s) _____

Check below next to the program(s) for which you are registering. All classes are 9:00 to 12:00 unless otherwise noted.

2's (2 years old by October 1)

- _____ 2 days (Core Program - Tuesday and Thursday) **\$230/month** ***2's**
- _____ 3 days (Core PLUS 1 - Friday) **\$305/month** **Activity Fee - \$165.00**
- _____ 4 days (Core PLUS 2 – Wednesday and Friday) **\$380/month**
- _____ 5 days (Core PLUS 3 – Monday, Wednesday, Friday) **\$455/month**

3's (3 years old by October 1)

- _____ 2 days (Core Program - Tuesday and Thursday) **\$230/month** ***3's**
- _____ 3 days (Core PLUS 1 - Friday) **\$305/month** **Activity Fee - \$165.00**
- _____ 4 days (Core PLUS 2 – Wednesday and Friday) **\$380/month**
- _____ 5 days (Core PLUS 3 – Monday, Wednesday, Friday) **\$455/month**

4's (4 years old by October 1)

- _____ 3 days (Core Program – Monday, Wednesday, Friday) **\$285/month** ***4's**
- _____ 5 days (Core Program – Monday through Friday) **\$455/month** **Activity Fee - \$175.00**

Sunbeam Program ("Grow Year" or Kindergarten Enrichment)

- _____ 5 days – am (9:00 – 12:00) **\$455/month** ***5's**
- _____ 5 days – pm (12:30 – 3:30) **\$455/month** **Activity Fee - \$260.00**

Lunch Bunch – 1 day - \$31/month 2 days - \$62/month 3 days - \$93/month 4 days- \$124/month 5 days - \$155/month
 Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Cr...unch (Lunch and Creative Afternoon) 12:00 – 3:00

- 1 day - \$89/month 2 days - \$178/month 3 days - \$267/month 4 days - \$356/month 5 days - \$387/month**
- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ * Friday *Friday Creative Afternoon program offered by Temple Judea, open to all at no charge

A **\$50.00 non-refundable** deposit, necessary to hold your child's spot in his/her class, must accompany this application.

Parent/Guardian's Signature _____ Date _____

We are an equal opportunity care provider.