



Registration Form

The Temple Preschool

5015 Harding Road, Nashville, TN 37205

Phone 615-356-8009

Fax 615-352-9365

For Office Use Only

Date Rec'd _____

Fees Rec'd _____

Placement: _____

Child's Name: _____
 Last First Middle

Date of Birth / Due Date: _____ Gender: _____ Nickname _____

Address: _____
Parent One

_____ Name _____ Phone (home / cell) _____

_____ Phone (work / other) _____ Email _____

Parent Two

_____ Name _____ Phone (home / cell) _____

_____ Phone (work / other) _____ Email _____

My child is... (please check all that apply)

A Currently Enrolled Student
A \$50 non-refundable registration fee will appear on your next tuition statement.

A New Applicant
Please include a non-refundable \$75 registration fee.

- Sibling to Current Student
- We are Temple Members
- We are members of the Jewish Community

Requested Start Date: _____

Indicate first choice of days to attend:

- Monday - Friday (5 days)
- Monday / Wednesday / Friday (3 days)
- Tuesday / Thursday (2 days)

Indicate first choice of schedule:

- 9am - 3pm (school day)
- 7:30am - 3pm (before care and school day)
- 9am - 5:30pm (school day and after care)
- 7:30am - 5:30pm (before care, school day and after care)

Special scheduling requests (we will try to accommodate): _____

Registration for new applicants may result in placement on our wait list. Once enrollment is confirmed, you will be notified and a \$250 non-refundable deposit will be required to complete the registration process. Please make all checks payable to The Temple Preschool.

My signature below indicates that I understand that my registration fee is non-refundable.

Parent: _____ **date** _____