

BETH EL EARLY CHILDHOOD PROGRAMS

The Pauline Mash School for Early Childhood Education

8101 PARK HEIGHTS AVENUE * BALTIMORE, MARYLAND * 21208 * 410-602-2245 * Fax# 410-580-2722

Eyal Bor, PhD, Director of Education

Ilene Vogelstein, Preschool Director

2012-2013 SCHOOL APPLICATION

CHILD'S NAME _____

ARE YOU PRESENTLY A BETH EL MEMBER? YES ___ NO ___

TODAY'S DATE _____

BIRTHDAY _____ MALE ___ FEMALE ___

ADDRESS _____

CITY & ZIP CODE _____

PHONE _____ UNLISTED? ___

EMAIL ADDRESS _____

PARENT NAME _____

PARENT CELL NUMBER _____

PARENT WORK PHONE _____

EMPLOYER/OCCUPATION _____

PARENT NAME _____

PARENT WORK NUMBER _____

EMPLOYER/OCCUPATION _____

DESCRIBE IN DETAIL ANY ALLERGIES OR MEDICAL CONDITIONS-use back if necessary _____

PEDIATRICIAN NAME AND PHONE NUMBER _____

EMERGENCY CONTACT:

NAME _____

PHONE & CELL _____

RELATIONSHIP TO CHILD _____

YES ___ NO ___ I give Beth El my permission to use photos of my child for publicity and communication.

SIGNATURE _____

A NON-REFUNDABLE AND NON-TRANSFERABLE deposit of \$300 for Preschool is required with this application. The enclosed Tuition Payment Plan Option Form must be returned with this application.

Signature of Parent(s)

PRESCHOOL SCHEDULE

9-12:00 (for 2's) MON ___ TUES ___ WED ___ THURS ___ FRI ___

9:00 - 1:00 MON ___ TUES ___ WED ___ THURS ___ FRI ___

9:00 - 3:00 MON ___ TUES ___ WED ___ THURS ___ FRI ___

7:00 - 6:00 MON ___ TUES ___ WED ___ THURS ___ FRI ___

KINDERGARTEN

9-3 MON ___ TUES ___ WED ___ THURS ___ FRI ___

PRE- KINDERGARTEN

9-3 MON ___ TUES ___ WED ___ THURS ___ FRI ___

MY GROWN UP & ME

FALL SESSION 2012: 9:30-11:30am TUES ___
SEPTEMBER Through DECEMBER

SPRING SESSION 2013: 9:30-11:30am TUES ___
FEBRUARY Through MAY

JANUARY 2'S PROGRAM _____

Flexible Schedule Available

BEFORE SCHOOL CARE

___ 7:00am - 9:00am ___ 8:00am - 9:00am

MON ___ TUES ___ WED ___ THURS ___ FRI ___

AFTER SCHOOL CARE

___ 3:00pm - 4:30pm ___ 3:00pm - 6:00pm

MON ___ TUES ___ WED ___ THURS ___ FRI ___

9-12:00 _____

9-1:00 _____

9-3:00 _____

Pre-K or K _____

EDO _____

LS _____

TUITION FEE _____

ACCOUNT NUMBER _____