



The Rose and George Teller Preschool
of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832

301-593-3410 x. 105

www.gatesofdiscovery.org

badler@shaaretefila.org

REGISTRATION FORM 2020-2021

Student Information

1. Name of Student: _____

Last

First

Middle

2. Student Nickname: _____

3. Age as of 09/01/20 _____ Gender: _____ Date of Birth: _____

4. Family Name: _____

Street: _____

City: _____ State: _____ Zip: _____

School Program Selection

Core Program 2s: (9:00 – 12:30) 3-day Specify: _____ 5-day

Core Program 3s or 4s: (9:00 – 2:00) 3-day Specify: _____ 5-day

2s naptime (12:30 – 2:00) ___M ___T ___W ___Th ___F

Early Drop off (7:00 – 9:00) ___M ___T ___W ___Th ___F

Afternoon (2:00 – 4:00) ___M ___T ___W ___Th ___F

Late Stay (4:00 – 6:00) ___M ___T ___W ___Th ___F

Student's Family Information

1. Parent(s) or Guardian(s)

Parent or Guardian Name: _____

Telephone (daytime): () _____

Street: _____

Telephone: (evening): () _____

City: _____

Cell phone: () _____

State: _____ Zip: _____

E-mail: _____

Parent or Guardian Name: _____

Telephone (daytime): () _____

Street: _____

Telephone: (evening): () _____

City: _____

Cell phone: () _____

State: _____ Zip: _____

E-mail: _____

2. Other Family Members

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Family Name: _____

Emergency & Medical Information

1. Emergency Information (indicate 2 individuals who may be called in the event a parent cannot be contacted)

Name/Relationship: _____ Telephone: () _____ cell: () _____

Name/Relationship: _____ Telephone: () _____ cell: () _____

2. Physician

Name: _____ Telephone: () _____

3. Dentist

Name: _____ Telephone: () _____

4. Insurance Information

Company: _____ Group No: _____ Policy No: _____

ALLERGIES: (Substances allergic to, reactions, and treatment) _____

In the case of emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at the child care facility to have your child transported to that hospital.

Additional Information

Please indicate below child's strengths and weaknesses (physical, emotional, or intellectual). In addition, please provide any other information that may be pertinent to the education, growth, and development of the student (attach additional sheets if necessary).

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

THIS FORM CAN BE SUBMITTED VIA EMAIL TO badler@shaaretefila.org OR BY MAIL TO:

Gates of Discovery/The Rose and George Teller Preschool of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832

TUITION WORKSHEET 2020-2021

(One Form Per Child)

Family Name: _____

Child's Name: _____

Age on 9/1/20: _____



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SECTION A Core Programs		Program Times	Tuition
2a	9-12:30 Three-Day Program	9:00-12:30	<input type="checkbox"/> \$5,100
2s	9-12:30 Five-Day Program	9:00-12:30	<input type="checkbox"/> \$6,890
3s /4s	9-2 Three-Day Program	9:00-2:00	<input type="checkbox"/> \$6,540
3s /4s	9-2 Five-Day Program	9:00-2:00	<input type="checkbox"/> \$9,140

Tuition
Less: 5% younger sibling discount
Total Section A

If fewer than five days, please specify:
__M __T __W __Th __F

Total Section A
()

SECTION B Additional Programs	Fee for 5 days/week	Monday	Tuesday	Wednesday	Thursday	Friday	Subtotals Section B
Early Drop 7:00 - 9:00	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	
2s Naptime 12:30 - 2:00	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$480	<input type="checkbox"/> \$480	<input type="checkbox"/> \$480	<input type="checkbox"/> \$480	<input type="checkbox"/> \$480	
Afternoon 2:00 - 4:00	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	
Late Stay 4:00-6:00	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	

Total Section B

Total Section A
Add: Total Section B
TOTAL TUITION
Shaare Tefila member discount (15%)
Add: Registration and Material fee
FINAL TUITION
Sunshine Committee Dues
TOTAL BALANCE DUE

TOTALS	
\$	
+	
\$	
-	
+	280.00
\$	
	50.00

