

Temple Sinai Infant Center 2025-26

Registration Form

(All information needs to be completed before the form can be processed)

Child's Name: _____

Birthday: _____ M/FM: _____

Age as of September 14, 2025: _____

Admission Date: _____ Start Date: _____

Parent's Name:

Parent's Name:

Mr. Mrs. Ms. Dr. Other _____ (circle one)

Mr. Mrs. Ms. Dr. Other _____ (circle one)

Address: _____

Address (if different): _____

Contact info:

Contact info:

Cell: _____

Cell: _____

Home: _____

Home: _____

Email: _____

Email: _____

Employer/Occupation/Phone: _____

Employer/Occupation/Phone: _____

Emergency contact(s) other than child's parents:

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

List all allergies and food restrictions:

Our child has the following special needs (Early Intervention etc.):

Other information you would like to share:

Department of Human Services (DHS) requires an Immunization Record and updated Health Form in a child's file before the child can attend school and updated annually (55 PA. Code 3270.131).

DHS also requires an updated Emergency Form in the child's file before they can attend school and it must be updated every 6 months or as soon as there is a change in the information (55 PA. Code 3270.124).

For more information contact Sydnie Ciment, Director of Early Childhood Education
(215) 643-6513 or sciment@tsinai.com.

For billing questions contact Ellen McGrother at (267) 468-5825 or emcgrother@tsinai.com.

Temple Sinai, 1401 North Limekiln Pike, Dresher, PA 19025

Temple Sinai Infant Center 2025-26

Check off the days your child will attend (Minimum 3 days)

Infant Center Hours of Operation 7:30am - 5:00pm

Monday Tuesday Wednesday Thursday Friday

	Member Price	Nonmember Price
3 Days	\$ 1,256	\$ 1,395
4 Days	\$ 1,517	\$ 1,685
5 Days	\$ 1,780	\$ 1,975

Estimated drop-off time: _____ Estimated pick-up time: _____

Daily Drop In Rate : \$175 per day

If your child misses a day of school due to sickness, vacation, scheduled school closures, or weather closures, we are unable to provide make-up days or alternative days. Parents can add a day for a daily fee if approved by the Director/Assistant Director/Schedule Supervisor and we are within state mandated ratios.

*Priority registration will be given to full day/full week members.

Child's name: _____

\$300 per child non-refundable/ non-transferable deposit to be applied to the final school bill in mid-April.

Please check off how you intend to pay the deposit:

Check enclosed ACH Credit Card (fee will be added)

Temple Sinai Member(s) (Required minimum membership contribution of \$1,600) Nonmember(s)

10% sibling discount applied to the lowest tuition

Form of payment for billing

Credit Card Please include other charges on my statement (e.g. Membership, Religious School)

Credit card info (fee will be added) Please process on date billed Please process end-month

#: _____ Expiration date: _____ Security Code: _____

If your billing address is different than your home address, please provide:

Address: _____ City, State, Zip: _____

ACH payment (No fee) Please process on date billed Please process end-month

Note: E-check account information must be entered through ShulCloud by the account holder. Email mlyons@tsinai.com if you need to obtain a ShulCloud login link.

Monthly Check (payable to Temple Sinai)

I agree to pay the Ann Newman Preschool and Infant Center the balance of tuition for the 2025-26 school year. All school deposits and payments are non-refundable/non-transferable. Changes to my child's schedule will affect the balance and credit card and ACH payments will be adjusted accordingly. You will receive a statement periodically reflecting the balance due and recent transactions. Any prior bill must be paid, in full, before a current application can be processed. When there is a schedule change or withdrawal from the program a minimum of 30 days' notice, in writing, is required, and payment will be due for tuition through 30 days from the notification date.

Designated Release Person (besides parent): _____

Parent's signature: _____ Date: _____

Director's signature: _____ Date: _____

Office Use Only

Tuition Cost: \$ _____ /year - \$ _____ due monthly by the 30th of each month

Key Fob Fee: \$ _____ \$36 one-time only fee for two key fobs

Security Fee \$ _____ 300 Annual fee (Only charged once per family)

Deposit Deducted: (\$ _____)

First payment \$ _____ due by mid-July

Billing Process: Infant Center tuition will be billed on the 15th of each month for the following month. Late payment may result in the termination of service.

For billing questions contact Ellen McGrother at (267) 468-5825 or emcgrother@tsinai.com

Office Use Only: Sixth Month Review: Signature: _____ **Date:** _____