

EARLY LEARNING CENTER
Temple Israel, Portsmouth, NH



EARLY LEARNING CENTER - TEMPLE ISRAEL REGISTRATION FORM - 2018 - 2019

Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone: Home _____ Mobile: _____

Work: _____

Parent/Guardian Names: _____

Address: _____

Phone: Home _____ Mobile: _____

Work: _____

Classes are Monday, Tuesday, Wednesday, Thursday, and Friday, circle the days you would like your child to attend. School runs from 8:45 am to 1:00 pm

Please enclose a 100.00 deposit made out to: Early Learning Center, Temple Israel, and return it with this form. Deposit is non refundable and will be applied towards tuition.

To receive a key fob for entering the building there is a 25.00 deposit and see the Temple secretary - Heather Thomlinson.

Signature of parent/guardian: _____

Relationship to the child: _____

**Tammy Labonte
Director/Lead Teacher
Temple Israel
200 State Street
Portsmouth, NH 03801
603-436-5301 Ext 23
Preschool.director@templeisraelnh.org**