



# KRIEGER EARLY CHILDHOOD CENTER PROGRAMS AND FEES

*Please check program and number of days.*

My child will attend the:

\_\_\_\_\_ **Three-year-old program – (Must be Three by Sept. 1, 2019)**

\*The tuition fees listed below are for the 2019-2020 school year.

\*The fees do not include enrichment programs, winter break, spring break or Summer Camp.

**There are additional fees to take part in these programs. Participation in these programs is not mandatory.**

**Please circle appropriate number of days and program times.**

## Three Year Old Members

Days	7:30—9:00 Before Care	9:00—1:00 Core Day A	9:00—3:00 Core Day B	3:00—6:00 After Care	9:00—6:00 Full Core Day
<b>5 Days</b>	<b>\$120.00</b>	<b>\$325.00</b>	<b>\$490.00</b>	<b>\$130.50</b>	<b>\$620.00</b>
<b>3 Days</b>	<b>\$95.00</b>	<b>\$260.00</b>	<b>\$390.00</b>	<b>\$105.00</b>	<b>\$495.00</b>

TEMPLE AHAVAT SHALOM  
1575 Curlew Road  
Palm Harbor, FL 34683  
(727) 785-8811 extension 3

KRIEGER EARLY CHILDHOOD CENTER  
License # C880658

**MEMBER REGISTRATION FORM**  
**(Please Print)**

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Allergies \_\_\_\_\_

Parent's E-Mail Address 1. \_\_\_\_\_

2. \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell # \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

Work # \_\_\_\_\_

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell # \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

Work # \_\_\_\_\_

**Non-Refundable Registration - \$125.00**

Registration fee must accompany registration packet in order to guarantee enrollment.

**Please complete the reverse side for our programs and fees.**

