



The Early Childhood Center
at Congregation Shir Shalom
of Westchester and Fairfield Counties
46 Peaceable Street Ridgefield, CT 06877 203-438-6589 x 16
www.ourshirshalom.org

2018-19 REGISTRATION FORM

Child's Name: _____ Gender _____ Nickname: _____
Birthdate: _____
Street Address: _____
Mailing Address: _____
Home Phone: _____ Family E-mail: _____
Parent name: _____ Daytime Phone: _____ Cell: _____
Parent name: _____ Daytime Phone: _____ Cell: _____

Local emergency contacts:

Name: _____ Phone# _____ Cell: _____
Name: _____ Phone# _____ Cell: _____
Child's Doctor _____ Phone# _____

Allergies:

Special Needs: _____

Please Check : School day is 9:15-Noon

2's 2 day _____ 3 day _____

3's 4 day _____ Extended 1 day _____ Extended 2 day _____ (UNTIL 1:30)

4's 4 day _____ Extended 1 day _____ Extended 2 day _____ (UNTIL 2:30)

PAYMENT

\$350 **non-refundable** registration fee must be included with this form in order to reserve a space for your child.

The remainder of the tuition may be paid as follows:

1/3 - 2/28, 6/30, 9/30

Checks should be made payable to: CONGREGATION SHIR SHALOM
and returned to 46 Peaceable Street Ridgefield, CT 06877 attn: Jane Emmer