

Congregation B'nai Israel

Early Childhood Education Center

2710 Park Avenue • Bridgeport, CT 06604-1302

203-335-5058 • Fax: 203-367-7889

nursery@congregationbnaiisrael.org

www.congregationbnaiisrael.org

PLEASE RETURN FORM TO NURSERY SCHOOL

Three Year Old Extended Day - Lunch

Hours: 12:00 - 1:00 P.M.

I wish to enroll (First Name) _____ (Last Name) _____ in the

Extended Day Program

**ALL LUNCH PROGRAMS BEGIN THE WEEK OF SEPTEMBER 24, 2007 &
END THE WEEK OF MAY 27, 2011**

Extended day will not be held Wednesday, November 24, 2010

(Please check one)

- | | |
|---|------------|
| <input type="checkbox"/> 1 day (Monday, Tuesday, Wednesday, Thursday)
(circle day) | \$380.00 |
| <input type="checkbox"/> 2 days (Monday, Tuesday, Wednesday, Thursday)
(circle days) | \$721.00 |
| <input type="checkbox"/> 3 days (Monday, Tuesday, Wednesday, Thursday)
(circle days) | \$1060.00 |
| <input type="checkbox"/> 4 days (Monday, Tuesday, Wednesday, Thursday) | \$1,398.00 |
| 5 days (Monday-Friday) | \$1,700.00 |

I realize that my child will bring his/her own bag lunch.

PLEASE INSERT A COLD PACK IN YOUR CHILD'S LUNCH BOX AND LEAVE IN CHID'S CUBBY

Temple policy mandates that in order to set up a payment plan at the time of registration, the nursery school will be asking for post dated checks or your credit card information indicated below and your account will be charged as follows: 1/3 Aug.25, 1/3 Nov.15 and finally, 1/3 March 15.
(VISA & MASTER CARD ONLY)

Credit Card # _____ sec. code # _____ exp. date _____

Parent (Print Name) _____ Parent's Signature _____

Date _____

- I wish to pay in full at the beginning of the year. I wish to pay in three installments.

Please note we are a nut free environment. This must be observed at lunch.