



Leah Sokoloff Nursery School of Shomrei Torah

lsns.shomrei-torah.org

Rabbi Benjamin Yudin Interm Rabbinical Assistant – Rabbi Reuven Brand
201-791-6744

Administrators:
Deena Jarashow ** Neshama Kutin

Educational Director:
Debbie Lesnoy

Application for Summer Program

Please complete information for your child.

Family Name: _____

Child's First Name: _____ Child's Birthday: _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Mother's Name: _____ Father's Name: _____

I am registering my child for the following program:

- 3-year old program (M-F) 9:45am – 2:00pm (\$945) _____
- 4-year old program (M-F) 9:30am – 2:30pm (\$985) _____
- 5-year old program (M-F) 9:30am – 2:30pm (\$985) _____

You may list two children who you wish to be together with your child. We can guarantee that your child will be placed with at least one of the children requested.

1. _____ 2. _____

Enclosed is a check for \$_____, representing one-half of the applicable summer tuition.

Also enclosed is a check for \$_____ dated March 1, 2008 for the remaining one-half tuition. All checks are non-refundable and are not transferable.

Parent's Signature: _____