



**Congregation Ohav Shalom Nursery School**  
113 New Krumkill Rd.  
Albany, NY 12208  
518-489-4894  
Email: [ohavamie@aol.com](mailto:ohavamie@aol.com)

Today's Date	_____
Deposit Amount Received	_____
Staff Initials	_____
<i>For Office Use Only</i>	

## 2009-2010 School Year

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent #1 \_\_\_\_\_

Parent #2 \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent #1 Cell Phone \_\_\_\_\_

Parent #2 Cell Phone \_\_\_\_\_

Parent #1 Work Phone \_\_\_\_\_

Parent #2 Work Phone \_\_\_\_\_

Parent #1 email \_\_\_\_\_

Parent #2 email \_\_\_\_\_

Ohav Shalom Congregant \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you belong to another synagogue? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of synagogue \_\_\_\_\_

## Program Options

*Please Check One*

### Toddlers - 18 month old and 2 year old classes

2 days per week	Tuesday, Thursday	9:30 - 1:00	\$ 1610 _____
3 days per week	Monday, Wednesday, Friday	9:30 - 1:00	\$ 2415 _____
4 days per week	(Toddlers only)	9:30 - 1:00	\$ 3045 _____
5 days per week	Monday - Friday	9:30 - 1:00	\$ 3300 _____

### 3 year old class

3 days per week	Monday, Wednesday, Friday	9:30 - 1:00	\$ 2415 _____
5 days per week	Monday - Friday	9:30 - 1:00	\$ 3300 _____

### Pre-K

5 days per week	Monday - Friday	9:30 - 1:00	\$ 3300 _____
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***\*\*Please Fill Out Both Sides of This Form\*\****