

Temple Beth Shalom Nursery School
Lunch Bunch Registration Form
2010-11 School Year

Child's Name _____ Class (age group) _____

Child's Name _____ Class (age group) _____

Please put child(ren)'s name under the day(s) of the week for which you are registering.

	Monday	Tuesday	Wednesday	Thursday	Friday
LunchBunch	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Payment is **\$550 per week day for a full year** and **\$280 for half the year**.

I have registered my child(ren) for _____ days per week total at \$_____ per day,
Total Lunch Bunch payment is \$_____.

Parent's Signature

Date

Print Name

Daytime Phone