



Mickey Fried Preschool

of Oheb Shalom Congregation 

170 Scotland Road South Orange, New Jersey 07079
 (973) 762-7069 nurserydir@ohebshalom.org

Tuition Schedule: September 2018–June 2019

Classes	Synagogue Member Tuition	Non-Member Tuition
5 Days (9:00-12:00) All 4's must attend 5 days	\$5110	\$6320
4 Days (9:00-12:00)	\$4090	\$5055
3 Days (9:00-12:00)	\$3310	\$4310
2 Days (9:00-12:00)	\$2310	\$3280
Lunch Bunch 12:00-1:00	\$306 per day (full year) \$1510 (5 days/full year)	\$483 \$2164
Enrichment+Lunch 12:00-2:30	\$700 per day (full year) \$3450 (5 days/full year)	\$1022 \$5109
Extended Day 2:30-6:00	\$1910 for 1 day/week for the year \$4010 for 5 days/week for the year Cost for use on as-needed basis: \$15 per hour	Same
Early morning drop-off 8:00-9:00	\$12 per day \$423 for 1 day/week for the year \$1443 for 5 days/week for the year	Same
Sibling Discount	\$150 off for each additional sibling	Same

A \$400 (\$250 for Oheb members) deposit is required along with this application to secure a space in class for your child/ren. This deposit is non-refundable after March 31, 2018. (\$200 is refundable prior to that date.) *Requests for teachers can be made but are not guaranteed.* The final placement in a particular class is dependent on space availability, as well as the discretion of the director and teachers. Checks can be made out to **Oheb Shalom Congregation.**

EARLY BIRD DISCOUNT! If you complete and return the application along with the \$400 deposit by March 31, 2018, you will receive **\$100 off tuition!**



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Class Preference Sheet

Please check desired days and times

Parent Name _____

Child Name _____

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Early Drop-off 8:00-9:00					
Preschool 9:00-12:00					
Lunch Bunch 12:00-1:00					
Enrichment 12:00-2:30					
After-care 2:30-6:00					



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PERSONAL INFORMATION

Child's Name _____

Last

First

Age as of October 1, 2018 _____ Date of Birth _____

Gender _____ M _____ F

Parent(s) Name:

Parent 1 _____

Parent 2 _____

Address: _____

Street

City

Zip

Phone number: _____ (cell)

_____ (home)

_____ (work/if applicable)

Email address: _____

Are you an Oheb Shalom Member? Yes _____ No _____ Interested in becoming members _____

If no, Member of another congregation? _____

Has this child attended Nursery School before? Yes _____ No _____

Have any of your other children attended Mickey Fried? _____ If yes, when? _____

Parent signature _____ Date _____