



**NORTH SHORE SYNAGOGUE**  
**83 Muttontown Eastwoods Road, Syosset, NY 11791**  
**Phone: 516-921-2282 x4 Fax: 516-921-2393**  
 "Play is the highest form of research" ~ Albert Einstein



**2022 "TOGETHER WITH TOTS"**  
**Thursdays \*\* 10:00 – 11:00**  
**October 13 – December 15**

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Male or Female Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State: New York Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

**Parent/Guardian 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation \_\_\_\_\_ Business Number: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation \_\_\_\_\_ Business Number: \_\_\_\_\_

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**Tuition for the Thursday Fall 2022 Together with Tots class will be \$250 for 9 weeks**

Register today to reserve your spot. Payment must be received in full along with your application for your child to participate.

**REFUND POLICY** – If a registered child is withdrawn from Together with Tots (TWT) and a written request for the tuition is received before the first class a full refund will be given. If a registered child is withdrawn from TWT before the second class, the full tuition is refundable on the remaining classes less the \$30 administration fee. No refunds or credits will be given after the second class. **No refunds, credits or cancellation of fees will be made for school closings or absences or for any other reason.**

The Fall 2022 Together with Tots program is subject to a minimum number of children registered. Should the program not run due to a minimum enrollment not being met, a full refund will be given.

I am aware that pictures and/or video of my child may be taken during this program and at synagogue events and I give permission for these to be used for North Shore Synagogue publicity and yearbook purposes. If you do not want your child's photo used in any of these areas, please provide a written letter directly to the Nursery School.

My signature below, establishes that I have read and accepted the above terms:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Payment received:	Amount: _____	Cash: _____	Check #: _____
CC: #	_____		
Exp. Date: _____	Sec. Code: _____	(please note there is a 3% fee when using a credit card)	
Name on Card:	_____		
Billing Address:	_____		
Parent signature:	_____		