

Beth Sholom Congregation
Early Childhood Center
11825 Seven Locks Road, Potomac, MD 20854
T: (301) 279-7010 F: (301) 279-5815



Registration Form 2025-2026

1. Name of Student: _____
Last First Middle

2. Age as of 9/1/25: _____ Gender: _____ Date of Birth: _____ Member of BSCTT? Y or N

Program Selection

Core Program (5 days)

- Tiny Tots Half Day 9:00 – 12:30
- Tiny Tots Full Day 9:00 – 4:00
- Toddlers Half Day 9:00 – 12:30 (child must be walking to enter program)
- Toddlers Full Day 9:00 – 4:00 (child must be walking to enter program)
- Two Year Olds 9:00 – 4:00
- Three Year Olds 9:00 – 4:00
- Four Year Olds 9:00 – 4:00

Extra Options

- Early Drop 8:00 – 9:00
- Aftercare 4:00 – 5:00
- Late Stay 5:00 – 5:30

** We are considering extending our school hours. This is contingent upon family interest and ECC staffing. Pricing TBD. Check the boxes below that you would be interested in for our possible new early bird and/or extended care options.*

- Early Bird AM 7:30 – 8:00 AM
- Extended Care PM 5:30 – 6:00 PM

The Maryland State Department of Education regulates that children entering Kindergarten must be 5 years old by September 1, 2025. We follow this guideline for class placement. All school payments are non-refundable. No refunds will be given for absences or early withdrawal prior to or during the school year. Should the ECC exercise its right to deny admission to a child, a full refund will be granted.

Student's Family Information

1. Parent or Guardian I

Name: _____ Telephone: (daytime): () _____
Street: _____ Apt. _____ Telephone: (evening): () _____
City: _____ Cell phone: () _____
State: _____ Zip: _____ E-mail: _____

Parent or Guardian II

Name: _____ Telephone: (daytime): () _____
Street: _____ Apt. _____ Telephone: (evening): () _____
City: _____ Cell phone: () _____
State: _____ Zip: _____ E-mail: _____

- Mother Jewish by birth
 Mother Jewish by Conversion - Rabbi's Name: _____ Date: _____
 Child Jewish by Conversion - Rabbi's Name: _____ Date: _____

2. Other Family Members

Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

Additional Information

ALLERGIES: (Substances allergic to, reactions, and treatment) _____

Does/has your child receive/received support services? Yes ___ No ___
 If yes, in what areas? OT ___ PT ___ Speech/Language ___ PEP Program ___ Social Skills ___
 Infants/Toddlers ___ Child Find ___
 Does your child have an IFSP/IEP? Yes ___ No ___ (If yes, please attach a copy of the IFSP/IEP)
 Has your child previously attended another pre-school program? If so, please list below:

Please indicate below child's strengths and weaknesses (physical, emotional, or intellectual).
 In addition, please provide any other information that may be pertinent to the education, growth,
 and development of the student (attach additional sheets if necessary).

A limited amount of financial assistance is available to our families. If you are in need of such, please check this box and we will send you an application. You must complete this registration form and pay the registration fee for us to consider your application.

Please return this form, accompanied by your \$700 non-refundable deposit (\$800 after 3/31/25)
This includes the \$100 registration (\$200 after 3/31/25)
\$150 Security Fee and \$450 ECC Family Benefit Package per family
Subsequent children are \$250 per child (\$350 after 3/31/25)

Payment choices:

Please charge the deposit and registration fee to my:
 EFT account: _____ Routing Number: _____
 Credit card (3% fee) _____ Exp: _____ Sec Code: _____

_____ _____ _____ _____
 Parent or Guardian Signature Date Parent or Guardian Signature Date