



# TEMPLE BETH OR Preschool

## Registration Form 2026-2027

Date \_\_\_\_\_ Temple Member? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, are you interested in membership? \_\_\_\_\_ Yes \_\_\_\_\_ No

Child's Name

\_\_\_\_\_

First	Last	Nickname
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Child's Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

Street	City	Zip
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Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, you agree to the following:

- In the interest of helping our school determine how best to serve your child, you are **required**, in writing, to inform us at the time of registration of any known circumstances which may affect your child's ability to participate in our preschool. These circumstances would include serious behavioral issues or any psychological, medical, physical, or developmental conditions. All information provided will remain confidential per our confidentiality policy. Please attach a separate sheet to provide this information as necessary.
- You may only receive the member discount if you are a TBO member in good standing as of August 2026. If at any time you resign your membership, you will no longer receive the tuition discount starting from the date of resignation.

Please sign below to acknowledge and accept these requirements of admission.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## TBOP school year 2026-2027

<b>Class age:</b>	<b>Days of the week</b>	<b>Hours</b>	<b>Must be ____ years old by August 31, 2026</b>
Ones	____ T/TH ____ M/W/F ____ M-F	9 am – 1 pm	One
Twos	____ T/TH ____ M/W/F ____ M-F	9 am – 1 pm	Two
Threes	____ M/W/F ____ M-F	9 am – 1 pm	Three
Fours	____ M-F	9 am – 1 pm	Four

<b>Class age:</b>	<b>Days of the week</b>	<b>Hours</b>	<b>Must be ____ years old by August 31, 2026.</b>
Transitional K	____ M-F	8:30 am – 3:00 pm	Five

**When returning registration materials, please make sure to include:**

- This form
- Registration fee
- Any information we need that will help us to determine how best to serve your child.

**Mail, email, or bring in to:**  
**Temple Beth Or Preschool**  
**5315 Creedmoor Road Raleigh NC**  
**27612**

**Questions? Contact Shannon at**  
**919-418-3043 or email Sherri and**  
**Shannon at [tbop@tbopreschool.org](mailto:tbop@tbopreschool.org)**



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## 2026-2027 Tuition and Fees

**Annual Registration Fee: \$300 for TBO Members  
(non-refundable) \$75 for siblings**

**\$325 for non-members**

Classroom(s)	Days Attending	Annual Tuition	10 Monthly Payments (August 2026 - May 2027)
Ones	5 day	\$11,800	\$1180
	3 day	\$7,860	\$786
	2 days	\$5,460	\$546
Twos	5 day	\$11,700	\$1170
	3 day	\$8,810	\$881
	2 days	\$6,150	\$615
Threes	5 day	\$9,900	\$990
	3 day	\$7,760	\$776
Pre-K	5 day	\$8,600	\$860

**Temple Beth Or Members will receive a 15% discount.**

We also offer a 10% sibling discount, to the sibling with the higher tuition,  
when more than one child is enrolled.

### Extended Care Options

#### Boker Tov (8am-9am)

Days Attending per Week	1	2	3	4	5
Monthly Tuition	\$62	\$117	\$173	\$224	\$282

#### Extended Day (1pm-4pm)

##### 2 year olds

Days Attending per Week	1	2	3	4	5
Monthly Tuition	\$172	\$319	\$460	\$580	\$674

##### 3-5 year olds

Days Attending per Week	1	2	3	4	5
Monthly Tuition	\$140	\$255	\$350	\$433	\$535