



**Stephen Wise Free Synagogue**  
**Early Childhood Center**

30 West 68th Street | New York, NY 10023 | T: 212-877-4050 ext. 231 | F: 212-787-7108 | ecc@swfs.org | swfs.org/ecc

**Seeds of Wonder Registration Form**  
**October 3—December 14, 2017**

Child's First and Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Full Address: \_\_\_\_\_  
 \_\_\_\_\_

Parent Name \_\_\_\_\_

Home number: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_

Home number: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ Email \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Synagogue Member? Y or N

I am interested in having my child attend the Seeds of Wonder Program:

	_____ Tuesday 11 sessions	_____ Thursday 8 sessions	_____ Tues. & Thurs. 19 sessions
Synagogue Member	\$495	\$360	\$850
Non-Member	\$605	\$440	\$1040

Please enclose your full tuition.

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

Please return to Stephen Wise ECC Attn: Vicki Reiss 30 West 68<sup>th</sup> St. New York, NY 10023

[vreiss@swfs.org](mailto:vreiss@swfs.org)

If you are not a current ECC family, how did you hear about us? \_\_\_\_\_

**Please include a \$40 registration form when you submit this application. If you register by July 31, 2017, the application fee will be waived.**