

# **Downtown Jewish Preschool REGISTRATION PACKET:**



Dear Parent,

We are thrilled that you are interested in registering your dear child at The Downtown Jewish Preschool!

At DJP we are proud to offer a creative, progressive, Jewish environment, where your child's individual style of learning will be valued and nurtured.

Our purpose is to provide the highest quality education in a secure, warm and stimulating atmosphere.

Our comprehensive and developmentally appropriate program is designed to promote each child's intellectual, social, physical and emotional growth.

Our aim is to encourage enthusiasm and responsibility for learning and to foster each child's natural creativity and curiosity as we model kindness, respect, compassion and confidence.

Thank you for giving us the chance to teach your children. We are humbled by this responsibility and your faith, entrusting us with the monumental partnership in your child's education.

We look forward to an amazing year together of growth, learning and fun.

Please take a moment to complete the registration forms and return them to our office. Please don't hesitate to call or email with any and all questions.

We are here to serve you to the best of our ability.

Welcome to the family

Warmly,

*Devorah Kaplan*

Director

# Downtown Jewish Preschool APPLICATION FOR REGISTRATION 2015-2016



## STUDENT INFORMATION:

Full Name: \_\_\_\_\_

Jewish Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F Date of enrollment: \_\_\_\_\_

## FAMILY INFORMATION:

Child lives with: ☐ Mother ☐ Father ☐ Both

Parents are: ☐ Married ☐ Separated ☐ Divorced

Who has legal custody? \_\_\_\_\_

<p>Mother's Name: _____</p> <p>Jewish? Yes / No If yes, by: Birth or Choice</p> <p>Address: _____</p> <p>_____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Position: _____</p>	<p>Father's Name: _____</p> <p>Jewish? Yes / No If yes, by: Birth or Choice</p> <p>Address: _____</p> <p>_____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Position: _____</p>
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Please send all preschool correspondence to: ☐ Mother ☐ Father ☐ Both

Is the child's natural mother Jewish by birth? Yes / No

Have there been any conversions or adoptions in the family? Yes / No

Explain:

Has your child ever attended another early childhood program? Please explain your reasons for switching: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

**ALLERGIES:**

Please list any allergies, special dietary, medical needs or other physical and developmental areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL INSURANCE:**

Insurance policy: \_\_\_\_\_ Membership ID: \_\_\_\_\_

**CONTACTS:**

Child will be released only to the custodial parent or legal guardian and the people listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if some reason, the custodial parent or legal guardian cannot be reached:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____
Relationship: _____	Relationship: _____

Please share any helpful information about your child, including bedtimes, preferences, interests, hobbies and social needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GRANDPARENT INVOLVMENT:

We would love to notify grandparents of our of special events:

Names: _____ Address: _____ _____ Email: _____ Phone: _____	Names: _____ Address: _____ _____ Email: _____ Phone: _____
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## PARENT INVOLVMENT / VOLUNTEER OPPORUTNITIES:

Parent involvement helps children feel secure in, and builds meaningful connections between school and home.

☐ I WOULD LOVE TO VOLUNTEER AT DJP Please inform me of the different opportunities.

I am available: <input type="checkbox"/> Mornings	I am available: <input type="checkbox"/> Afternoons	I am available: <input type="checkbox"/> Evenings	I am available: <input type="checkbox"/> Weekends
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Please share some ways that you can participate and support our program:

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# Downtown Jewish Preschool TUITION PAYMENT CONTRACT



**CLASSES:** ☐ 18 months – 2 years    ☐ 2 years    ☐ 3 years \*

Days	Hours	Tuition	Deposit	10 payments
<input type="checkbox"/> Mon- Fri	9-3	\$7,900	\$250	\$765
<input type="checkbox"/> Mon- Fri	9-1	\$6,800	\$250	\$655
<input type="checkbox"/> M.W.F	9-3	\$6,650	\$250	\$640
<input type="checkbox"/> M.W.F	9-1	\$5,400	\$250	\$515

☐ Pre care 8:00 - 9:00 am \$125 per month\*    ☐ After Care 3:00 – 4:00 pm \$125 per month\*  
\* Program dependant on sufficient enrollment

☐ Registration \$150    ☐ Deposit \$250    ☐ Security \$300

Indicate your choice of payment for Tuition and Security Fee.

Payment in full by 7/30/15, receive a 5% discount, not applicable to security -pre/aftercare \$_____	Monthly payments by check \$_____	Monthly payment by credit card \$_____
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Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ CVV: \_\_\_\_\_

*I (we) agree to pay according to the selection indicated above. If choosing a monthly payment option, I (we) understand that I (we) will make 10 payments beginning August 1, 2015 – May 1, 2016 and if sufficient funds are not available or if the account has been closed, my (our) account will be charged \$25 for each transaction that could not be processed.*

1. (I/We) agree that (my/our) child(ren) will not be allowed to attend classes unless tuition is kept current.
  2. (I/We) understand that (my/our) child(ren) will be unable to attend DJP unless and until the state required good health and immunization certification is received from a physician.
  3. (I/We) understand that (my/our) child(ren) are enrolled for the entire year. The school cannot issue refunds or credits for illness, holidays or family vacations.
  4. In the event that the school is closed due to or resulting from a weather emergency or other unforeseen circumstance, there will be no make-up days, refunds or credits for days that school is not in session.
  5. In the event of early withdrawal, you are responsible for a pro-rated amount of the tuition, plus 30% of the annual tuition, not to exceed the total tuition amount for the year.
- The enrollment fees are non-refundable

Cardholder Signature: \_\_\_\_\_

## **Downtown Jewish Preschool AUTHORIZATION:**



- ☐ I have read and understand DJP's Parent Handbook
- ☐ I have read and understand DJP's discipline policy.
- ☐ I authorize the faculty and staff of DJP to photograph or video my child for the purpose of advertising, website content, social media content and other marketing purposes.
- ☐ I give permission for my name and telephone number and e-mail to be included in the class list that will be distributed.
- ☐ During the course of the year, there may be occasions where the children will be leaving school grounds. All families will be notified in advance.
- ☐ I give permission for my child(ren) to be taken off School premises for Educational related activities or trips provided by Downtown Jewish Preschool. I understand that this may either be by foot or in a licensed insured vehicle chosen for a trip day or excursion.
- ☐ I allow my child to participate in food related activities such as baking and special occasions such as holiday or birthday parties wherein food is concerned.
- ☐ Parents and DJP are working cooperatively to assure that children are provided with nutritious snacks and meals. I agree to provide a nutritious lunch and a mid-afternoon snack for my child.

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Print Name

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Signature of parent or guardian

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Date

## **REGISTTRATION CHECKLIST:**

**Kindly submit the following to complete the registration process;  
your registration form will not be processed and your child's spot will not be confirmed  
until all of these have been submitted.**

- ☐ Registration forms and all things included in registration checklist
- ☐ Signed and completed Registration forms
- ☐ \$150 non-refundable registration fee per child
- ☐ \$250 non refundable deposit per child - to be applied toward tuition balance
- ☐ Signed tuition payment form
- ☐ Copy of child's birth certificate
- ☐ Copy of parents' government issued photo ID
- ☐ Current medical forms and immunization records
- ☐ Signed Authorization