

# Downtown Jewish Preschool APPLICATION FOR REGISTRATION 2020-2021



**STUDENT INFORMATION:**

Full Name \_\_\_\_\_ Sex  M  F  
 Jewish Name \_\_\_\_\_  
 Age now \_\_\_\_\_ How old will child be on 9/1/20? \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CLASS:**  18 months  2's [2 by Sept 1/20]  3's [3 by Sept 1/20]  4's [4 by Sept 1/20]

**FAMILY INFORMATION:**

Mother's Name: _____ <u>Jewish?</u> Yes / No <u>If yes,</u> by Birth / Choice Address: _____ _____ Home Phone: _____ Cell Phone: _____ Email: _____ Employer: _____ Position: _____	Father's Name: _____ <u>Jewish?</u> Yes / No <u>If yes,</u> by Birth / Choice Address: _____ _____ Home Phone: _____ Cell Phone: _____ Email: _____ Employer: _____ Position: _____
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Child lives with:  Mother  Father  Both  
 Parents are:  Married  Separated  Divorced: Who has legal custody? \_\_\_\_\_  
 Please send all preschool correspondence to:  Mother  Father  Both  
 Have there been any conversions or adoptions in the family? Yes / No / Who? \_\_\_\_\_  
 Is the child's natural mother Jewish by birth? Yes / No  
 What languages are spoken at home? \_\_\_\_\_  
 Siblings and ages: \_\_\_\_\_

Previous programs attended? \_\_\_\_\_

In order to better serve your child, it may be helpful for us to contact the school he/she previously attended. Please sign below giving permission for information to be shared  
 Signature \_\_\_\_\_

Is there any special situation or characteristic concerning your child that is important for the school to be aware of? Ex: intellectual | emotional | physical | developmental  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Downtown Jewish Preschool TUITION PAYMENT CONTRACT



**CLASSES:**  18 months     2 by Sept 1/20     3 by Sept 1/20     4 by Sept 1/20

Days	Hours	Tuition
<input type="checkbox"/> Mon-Fri	9am-3pm {Fri ends 2:30pm}	\$10,950
<input type="checkbox"/> Mon-Fri	9am-12:30pm	\$9,850
<input type="checkbox"/> M.W.F.	9am-3pm {Fri ends 2:30pm}	\$9,650
<input type="checkbox"/> M.W.F.	9am-12:30pm	\$8,450
<input type="checkbox"/> Mon-Fri	January enrollment 18 months ONLY	\$7,450

- Registration \$300    {non - refundable and due upon registration}
- Security Guard \$500    {due upon registration}
- Lunch \$900     I do not want school lunch I will provide lunch & afternoon snack

**Indicate your choice of payment for yearly tuition. Tuition is due in full by June 1, 2021.**

- Payment in full:**  Check  Credit Card. Total amount: \_\_\_\_\_
- Check:** I will provide 10 postdated checks
- Credit card:** Charge my card on the \_\_\_\_\_ of the month: 1<sup>st</sup> Pymnt \_\_\_\_\_ last Pymnt \_\_\_\_\_
- 9 monthly payments in the amount of \_\_\_\_\_
- 10 monthly payments in the amount of \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

1. I/ we agree to pay according to the selection indicated above.
2. If choosing a monthly payment option, I (we) understand that I/we will make 10 payments or the amount necessary to complete the full yearly tuition.
3. 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.
4. The enrollment fees are non-refundable.

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

Print Name: \_\_\_\_\_

**Are you interested in pre-care or aftercare?**

- Pre-care 8:30 - 9:00am                       Aftercare 3:00 – 5:30pm

**Pre-care and After-care will automatically be charged to your card at the end of each month. Pricing details in handbook.**