

Downtown Jewish Preschool APPLICATION FOR REGISTRATION 2018-2019



STUDENT INFORMATION:

Full Name: _____ Sex: M F

Jewish Name: _____

Age now _____ How old will child be on 9/1/18? _____ Date of Birth: _____

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

FAMILY INFORMATION:

| | |
|---|---|
| Mother's Name: _____ Jewish? Yes / No <u>If yes,</u> by: Birth / Choice Address: _____ _____ Home Phone: _____ Cell Phone: _____ Email: _____ Employer: _____ Position: _____ | Father's Name: _____ Jewish? Yes / No <u>If yes,</u> by: Birth / Choice Address: _____ _____ Home Phone: _____ Cell Phone: _____ Email: _____ Employer: _____ Position: _____ |
|---|---|

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's [2 by Sept 1/17] 3's [3 by Sept 1/17]

| Days | Hours | Tuition |
|-----------------------------------|---------------------------|----------|
| <input type="checkbox"/> Mon- Fri | 9am-3pm {Fri ends 2:30pm} | \$10,000 |
| <input type="checkbox"/> Mon- Fri | 9am-12:30pm | \$8,900 |
| <input type="checkbox"/> M.W.F | 9am-3pm {Fri ends 2:30pm} | \$8,750 |
| <input type="checkbox"/> M.W.F | 9am-12:30pm | \$7,500 |
| <input type="checkbox"/> Tue. Thu | Call for options | TBD |

The following fees are NOT required:

- Synagogue Membership
- Give -Get obligations
- Building assessment fees
- Book fee
- Snack fee
- Trip Fee

- Registration \$300 {non - refundable and due upon registration}
- Security Guard \$500 {due upon registration}

Indicate your choice of payment for Yearly Tuition. Tuition is due in full by June 1, 2019.

- 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: 1st Pymnt _____ last Pymnt _____
- 9 monthly payments in the amount of _____
- 10 monthly payments in 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 After care?

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

Extra care program is dependent on sufficient enrollment. We will notify you.

Downtown Jewish Preschool REGISTRATION CHECKLIST:



Kindly submit the following to complete the registration process.

Your child's spot will not be confirmed until all of these have been submitted.

- Signed and completed **Registration Form** {page 2}
- \$300.00 non-refundable **Registration Fee** per child
- \$500.00 refundable fee for **Security Guard**
- Signed **Tuition Payment Contract** {page 3}
- Copy of child's **birth certificate**
- Copy of parents' **Government Issued Photo ID**
- Current **Medical Forms** and **Immunization Records** for child
- Signed and completed **Forms** including:
 - Swim central form
 - Medical & Transport form
 - Authorization form
 - Parent Questionnaire
 - Grandparent involvement form