

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 \$1204 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 May 1, 2021.

- Payment in full:** Check Credit Card. Total amount: _____
- Check:** I will provide 10 postdated checks
- Credit card:** Charge my card on the 1st of the month August 1 – May 1st
- 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. If 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. **See COVID-19 Guidelines 20-21**
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.