

# Downtown Jewish Kinder Care APPLICATION FOR REGISTRATION August 19-December 18, 2020



**STUDENT INFORMATION:**

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

**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 Kinder Care TUITION PAYMENT CONTRACT



**CLASS:** Kinder Care August 19- December 18

Days	Hours	Tuition
<input type="checkbox"/> Mon-Fri	8am-3pm {Fri ends 2:30pm}	\$5,800

- Registration \$0 {included in total tuition}
- Security Guard \$0 {included in total tuition}
- Lunch & Snack \$0 {included in total tuition}
- I do not want school lunch I will provide lunch & snack

**Indicate your choice of payment for tuition. Tuition is due in full by Dec 1, 2020.**

- Payment in full:**  Check  Credit Card.
- Check:** I will provide 4 postdated checks in the amount of \$1,450
- Credit card:** Charge my card on the 1<sup>st</sup> of the month August 1 – Dec 1<sup>st</sup>
- 4 monthly payments in the amount of \$1,450

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 4 payments or the amount necessary to complete the full 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.
4. I/We agree that my/our child(ren) will not be allowed to attend classes unless tuition is kept current.
5. I/We understand that my/our child(ren) are enrolled for the full 4 months.
6. The school cannot issue refunds or credits for illness, holidays, or family vacations.
7. 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 and tuition updates**
8. In the event of early withdrawal, on your own accord {not due to reopening of Public schools} you are responsible for the full tuition amount.
9. In the event that public schools open before December 18<sup>th</sup> you will have the choice to remain in the Kinder care program or to leave. If you choose to leave before December 18<sup>th</sup> you will be charged 50% of tuition for the remainder of the time.

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

**Are you interested in aftercare?**

Aftercare 3:00 – 5:00pm

**Pre-care cost will be \$15 per hour and will automatically be charged to your card at the end of each month.**