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Dear Parents,

Thank you for your interest in the Bill and Sid Rubin Preschool at Beth Israel. We look forward to providing a meaningful experience for your child and your family.

Sandy Sherman Director of Early Childhood Education

2014-2015 ENROLLMENT TERMS AND CONDITIONS

APPLICATION REQUIREMENTS

Please submit the attached Enrollment Application along with a <u>\$250 non-refundable, non-transferable Application &</u> <u>Activities Fee.</u> All non-Temple members will be charged an additional <u>\$99 Security Surcharge</u> that will be added to the first tuition payment. The Application must be signed by both parents/guardians. Beth Israel's policy requires that all financial obligations to Beth Israel and its school programs be current before a child's enrollment is processed.

MEDICAL, INSURANCE AND EMERGENCY INFORMATION: I/We agree to furnish all medical, insurance, emergency information and all other documents and forms required by the Preschool prior to the first day of school.

APPLICATION PRIORITIES

Until March 3, 2014, priority for enrollment will be granted in the following order:

- 1. Returning Preschool families who are current with all financial obligations to Beth Israel and its school programs
- 2. Beth Israel members in good standing
- 3. Non-member, newly enrolling families.

PROGRAM CALENDAR

The Bill and Sid Rubin Preschool operates on a traditional school calendar. We are closed for Winter and Spring Breaks as well as Jewish and legal holidays. A detailed calendar will be provided to all families enrolled in the Preschool. **The 2014-2015 school year begins on September 4, 2014 and ends on June 5, 2015.**

SELF REGULATION

I/We understand that in the event my/our child is unable to conform to developmentally appropriate behavior or if it is determined through ongoing observation and evaluation by administration and faculty that my/our child's developmental needs cannot be met, the administration has the right to require that my/our child be withdrawn. In such a case, all program fees that are due and payable will be pro-rated and re-billed to the withdrawal date.

ADDITIONAL CHARGES AND FEES

There are additional fees for optional items such as hourly child care, enrichment, lunch program, field trips and miscellaneous items. These will be billed separately if used. They are not included in program fee rates. Hourly child care and enrichment fees must be paid prior to first use.

LATE ENROLLMENT

If you enroll your child after July 15, 2014, it will be your obligation to make all necessary payments to keep you on time with the payment option you select, keeping in mind that all final payments are due by **March 3, 2015.**

Please keep this page for your records



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PROGRAM FEE PAYMENT OPTIONS

Beth Israel offers three payment options to help you budget program fee expenses while providing the Preschool with financial stability. The total amount paid under an extended payment plan is more than the amount paid if payment is made in full by July 15, 2014. Your signature on the Enrollment Application designating your choice of program and payment option and the signature of the persons responsible for payment constitute a legal obligation to pay Beth Israel in accordance with the payment option selected. The first program fee payment for all payment options is due July 15, 2014. If you enroll a child after this date, it will be your obligation to make all necessary payments to catch up with the payment option you select. All final program fee payments are due **March 3, 2015**.

PROGRAM OVERVIEW

PROGRAM OPTIONS	PROGRAM HOURS	PROGRAM DAYS	PROGRAM FEE*
JUNIOR KINDERGARTEN (child turns 5 before March 15, 2015)	9 am - 3 pm	5 days, M-F	\$10,600
PRE-K FULL DAY - 4 years old as of 9/1/14	9 am - 3 pm	5 days, M-F	\$10,600
PRE-K HALF DAY - 4 years old as of 9/1/14	9 am - 1 pm	5 days, M-F	\$8,500
	9 am - 1 pm	5 days, M-F	\$8,500
PRESCHOOL PROGRAM - 3 years old as of 9/1/14		3 days, M/W/F	\$6,600
	/14 9 am 1 pm	5 days, M-F	\$8,500
PRESCHOOL PROGRAM - 2 years old as of 9/1/14		3 days, M/W/F	\$6,600
		2 days, T/Th	\$5,100
	9 am – 1 pm	5 days, M-F	\$8,700
TODDLER PROGRAM (For children 18 -23 months as of 9/1/14)		3 days, M/W/F	\$6 800
		2 days, T/Th	\$5,300
BITTS Beth Israel Toddler Transition (For children 18 months and up with a parent or caregiver)	9 am – 11 am	2 days, T/Th	\$2,600
EXTENDED CARE (Morning Care and Stay and Play)	8 - 9:00 am Mc 1 - 5:30 pm Mc 1 - 5:00 pm on	\$225 for 25 hours \$400 for 50 hours	

*Program Fee assumes payment in full by July 15, 2014. Extended payment plans are available at an additional cost and must be accompanied by a credit and/or debit card.

PROGRAM FEE DISCOUNTS

The Preschool offers a discount for the second/third child when multiple children from the same family are enrolled concurrently in Preschool programs, and for **Beth Israel members in good standing**. To be in good standing, a member must be current with all financial obligations to Beth Israel and its school programs. Eligibility for all discounts will be confirmed by the Accounting Office. A qualifying discount will be applied to the <u>final tuition payment</u>.

Potential Discounts are as follows:	Pre-K Full day & JK Program	5-day program	3-day program	2-day program
Member Discount (cannot exceed amount of dues paid)	\$1,000	\$900	\$600	\$400
Sibling Discount (when 2+ children are enrolled in ECE)	\$300 discount for second/\$400 for third child in family			





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2014-2015 ENROLLMENT APPLICATION

In order for your child to be enrolled for the 2014-2015 school year, this Enrollment Application must be completed, signed and submitted with a \$250 Application & Activities Fee. For continuing students, enrollment is contingent on the family being current with all financial obligations to Beth Israel and its school programs. **Use one Application per child. PRINT CLEARLY in black ink and complete the entire form.**

Child's Last Name				First Name	Middle
Name child likes to be cal	led				
Male Female	Birth Date	_//P	lace of Birth_		
Parent 1 Name				Email Address	
Street				City	Zip
Home Phone		Cell Phone			Work Phone
Name of Employer/Busine	ess				Distance From School
Parent 2 Name				Email Address	
Street				_ City	Zip
Home Phone		Cell Phone			_ Work Phone
Name of Employer/Busine	ess				Distance From School
Child(ren) lives with:	Parent 1	□ Parent 2	🗆 Both	□ Other: _	
	SIBLING NAME(S)		DA	TE OF BIRTH	SCHOOL ATTENDING

PROGRAM FEE OBLIGATION

Once you sign the Enrollment Application, you are legally obligated for the full program fee amount. Your financial obligation to the Preschool is for the **FULL** program fee as stated in the Application. The Preschool's expenses are incurred on an annual basis; therefore, the Preschool cannot refund program fees or cancel unpaid obligations if you withdraw your child. In accepting a child for enrollment, the Preschool assumes expenses that are not reduced by your child's withdrawal during the year. For this reason, **Beth Israel will not refund any program fees paid or cancel any unpaid obligations when a child is absent or withdrawn during the year.**

A student's enrollment in the Preschool is contingent upon current and timely payment of all program fees. If payments are not received on time, we reserve the right to have the child removed from class or dismissed from the Preschool. In the case of divorce or separation, Beth Israel looks to both parents for payment of their child's program fees.

PLEASE INITIAL IN THE BOX THAT YOU HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPHS

APPLICATION FEE: A \$250 Application & Activities Fee must child. This fee is non-refundable and non-transferable unless will be returned to you in full. Method of payment for Application & Activities Fee: Check on □ Enclosed is my/our deposit check in the amount of \$250 pa □ Charge my debit/credit card in the amount of \$250. □ Visa □	your child is not admitted by the school, in which case it e. yable to Beth Israel. Check#
Credit Card Number	Exp. Date
Printed name of cardholder	Signature of cardholder
BETH I	SRAEL



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Age as of 9/1/2014	CLASS	DAYS	ANNUAL PAYMENT	4 PAYMENTS (7/15/14, 9/15/14, 11/15/14, 2/15/15)	8 PAYMENTS (monthly payments from 7/15/14-2/15/15)	TOTALS
18+ months	BITTS (Parent Participation)	2 days T/Th	\$2,600	\$2,640	\$2,680	
	2 days T/Th	\$5,300	\$5,360	\$5,400		
18 - 23 months	hs Toddler Program 9 am-1 pm	3 days M/W/F	\$6,800	\$6,860	\$6,900	
	9 ani-1 phi	5 days M-F	\$8,700	\$8,760	\$8,800	-
		2 days T/Th	\$5,100	\$5,160	\$5,200	
2 year olds	Preschool Program 9 am – 1 pm	3 days M/W/F	□ \$6,600	\$6,660	\$6,700	
	5 an – 1 pin	5 days M-F	\$8,500	\$8,560	\$8,600	
	Preschool Program	3 days M/W/F	\$6,600	\$6,600	\$6,700	
3 year olds	9 am – 1 pm	5 days M-F	\$8,500	\$8,560	\$8,600	
4 year olds	Pre-K (Half Day) 9 am – 1 pm	5 days M-F	□ \$8,500	\$ 8,560	\$8,600	
4 year olds	Pre-K (Full Day) 9 am – 3 pm	5 days M-F	\$10,600	\$10,660	\$10,720	
Child turns 5 by March 15 th , 2015	Junior Kindergarten 9 am – 3 pm	5 days M-F	\$10,600	\$10,660	\$10,720	
	DISCOUNTS A	ND DEPOSITS (circle	e the amount	s that apply)		
Accounting Use		Beth Is	rael Members	s 2-day Program		-\$200
security:		Beth Is	rael Members	s 3-day Program		-\$600
discount:		Beth Is	rael Members	s 5-day Program		-\$900
first pmt:	В	eth Israel Members P	re-K Full Day	& Junior Kindergarter	n Programs	-\$1,000
x:		Sibl	ing Discount ((for 2 nd child)		-\$300
	Sibling Discount (for 3 rd child)					-\$400
last pmt:		Security De	posit (non-me	mber families ONLY)		+\$99
TOTAL:	ANTIC	IPATED TOTAL AMO	· · ·	,	IENT 2014-2015	
Check Credit Ca Cardholder signature I	Please check the box (for Paid in Full payme ard below authorizes Beth I according to the paym	ent option ONLY) srael to charge my de	bit/credit card		merican Express or I	Discover) fo
Account Number				E	Exp. Date	
Print	ed name of cardholder				Signature of cardho	older
If cardholder is not the p	arent/guardian, please ind	icate relationship:				
HAVE READ AND AG	TY: To be signed by both REE TO ALL ENROLLME N FOR MY CHILD TO THE	NT TERMS AND COND	NITIONS, WHIC	CH ARE MADE A PART FOR 2014-2015.	OF THIS APPLICATIO	DN. I HEREB
Parent/Guardian Signa		Date		rdian Signature		Date

PROGRAM OPTION: Please check the box for the program option & payment option you would like below.

MID: _____ Acctg Entry:

FOR OFFICE USE ONLY

CID:

Date/Time Received:

ECE Director Signature: