



# Bill & Sid Rubin Preschool Application 2015-2016

WHERE EVERYONE GREETES YOU BY NAME

## Child's Information

First Name	Middle Name	Last Name
Nickname (to be called)	Date of Birth	Gender

## Family Information

Parent/Guardian 1		Parent/Guardian 2	
Home #		Home #	
Cell #		Cell #	
Work #		Work #	
Address		Address	
City	Zip	City	Zip
Email Address		Email Address	
Emergency Contact	Relation to Child	Emergency Phone #	Emergency Phone #

**APPLICATION FEE:** A \$250 Application & Activities Fee must accompany this application to reserve a place for each child. This fee is non-refundable and non-transferable unless your child is not admitted by the school, in which case it will be returned to you in full. Complete your choices below to pay this fee.

- Enclosed is my/our deposit check in the amount of **\$250** payable to Beth Israel. Check# \_\_\_\_\_
- Charge my debit/credit card in the amount of **\$250**.  Visa  MasterCard  Amer. Exp.  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder (print) \_\_\_\_\_ Cardholder (signature) \_\_\_\_\_

## Additional Services

Enrichment classes, field trips, Friday lunch, challah and before and after school care are available and billed separately. Information will come in your school packet. Before-school care is available from 8-9am Monday-Friday. After-school care (Stay & Play/Nap) is available from 1-5:30pm Monday-Thursday, and 1-5pm Friday.

## Program Fee Obligation

In accepting a child for enrollment, the Preschool assumes expenses that are not reduced by your child's absence or withdrawal during the year. Therefore, the Preschool cannot refund program fees or cancel unpaid obligations if you withdraw your child. A student's enrollment in the Preschool is contingent upon staying current on payment of all program fees. We reserve the right to dismiss your child from the Preschool if payments are not received on time. In the case of divorce or separation, both parents are responsible for payment of fees.

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





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MY CHOICE	PROGRAM (age by 9/1/2015)	OPTIONS (select one)	TUITION	TOTAL TUITION
<input type="checkbox"/>	<b>BITTS</b> 18 months + with caregiver 9am-11am	<input type="checkbox"/> T/Th	\$ 2,700	
<input type="checkbox"/>	<b>GESHER</b> 18-23 months 9am-1pm	<input type="checkbox"/> M-F	\$ 9,000	
		<input type="checkbox"/> M/W/F	\$ 7,000	
		<input type="checkbox"/> T/Th	\$ 5,450	
<input type="checkbox"/>	<b>TZOFIM</b> 2-year-olds 9am-1pm	<input type="checkbox"/> M-F	\$ 8,760	
		<input type="checkbox"/> M/W/F	\$ 6,900	
		<input type="checkbox"/> T/Th	\$ 5,350	
<input type="checkbox"/>	<b>KOCHAVIM</b> 3-year-olds, 9am-1pm	<input type="checkbox"/> M-F	\$ 8,760	
		<input type="checkbox"/> M/W/F	\$ 6,900	
<input type="checkbox"/>	<b>KADIMA</b> 4-year-olds, M-F	<input type="checkbox"/> 9am-1pm	\$ 8,760	
		<input type="checkbox"/> 9am-3pm	\$10,980	

ACCOUNTING USE ONLY	DISCOUNTS AND FEES (enter the amounts that apply)	
Security: _____ Discount: _____ 1st Payment: _____ X _____ : _____ Last Payment: _____ TOTAL: _____	<b>DISCOUNTS (\$100 Early Bird discount until March 16)</b>	
	Beth Israel Members 2-Day Program: subtract \$200	
	Beth Israel Members 3-Day Program: subtract \$600	
	Beth Israel Members 5-Day Program: subtract \$900	
	Sibling Discount for 2 <sup>nd</sup> Child: subtract \$300	
	Sibling Discount for 3 <sup>rd</sup> Child: subtract \$400	
	Payment in Full: subtract \$100	
	<b>ADDITIONAL FEES</b>	
	Security Fee (non-member families only): add \$99	
	<b>TOTAL TUITION</b>	

**Tuition Payment Method:**

CHECK (for payment in full only)  
  CREDIT CARD:  
 Visa  
 MasterCard  
 Amer. Exp.  
 Discover  
 Number of credit card payments:  
 One (15<sup>th</sup> of July)  
 Four (15<sup>th</sup> of July, Sept., Dec., Mar.)  
 Ten (15<sup>th</sup> of July-April)

Card# \_\_\_\_\_ Exp. \_\_\_\_\_ Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship if not parent/guardian: \_\_\_\_\_

**Legal Responsibility** (both parents must sign and date, if applicable)

I HAVE READ AND AGREE TO ALL ENROLLMENT TERMS AND CONDITIONS, WHICH ARE MADE A PART OF THIS APPLICATION.  
 I HEREBY APPLY FOR ADMISSION FOR MY CHILD TO THE BILL AND SID RUBIN PRESCHOOL FOR 2015-2016.

Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY** DATE RECEIVED \_\_\_\_\_ MID: \_\_\_\_\_

CID: \_\_\_\_\_ ECE DIR: \_\_\_\_\_ ACCTG ENTRY: \_\_\_\_\_