**Child’s Information**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
| Date of Birth | Gender | **Temple Member**  □ **Yes**□ Interested in Membership □ **No** |

**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 # |



**Additional Services**

Enrichment classes, 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 7:30-9:00am Monday-Friday. After-school care (Stay & Play/Nap) is available from 1:00-5:30pm Monday-Thursday, and 1:00-5pm 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. ☐

**9001 Towne Centre Drive, San Diego, CA 92122 858.900.2530 www.cbisd.org**

**APPLICATION FEE:** A $250 Application 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MY CHOICE** | **PROGRAM**  | **OPTIONS** (select one) | **TUITION**  Member | **TUITION**Non-Member |
|  | **INFANT**3 months – 24 months 7:30am-5:30pm M-TH 5:00pm Friday  |  M-F | $ 1,500 Monthly | $ 1,600 Monthly |
|  | **INFANT** 3 months – 24 months 9am-1pm  |  M-F | $ 925 Monthly | $ 975 Monthly |
|  M/W/F | $ 725 Monthly | $ 775 Monthly |
|  T/Th | $ 550 Monthly | $ 575 Monthly |

**School Year Extended Care Program 7:30-9:00am M-F, 1:00-5:30pm M-Th, 1:00-5:00 pm Friday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Extended Care** Coverage |  5 DAYS | $6,000 | $ 7,000 |
|  3 DAYS | $4,000 | $ 5,000 |
|  2 DAYS | $3,000 | $ 4,000 |

|  |  |  |
| --- | --- | --- |
| **ACCOUNTING USE ONLY** | **Discounts, Fees, and Temple Membership**(enter amounts that apply) |  |
| Discount: \_\_\_\_\_\_\_\_\_\_\_\_\_Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership:\_\_\_\_\_\_\_\_\_\_1st Payment: \_\_\_\_\_\_\_\_\_\_X\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_Last Payment: \_\_\_\_\_\_\_\_\_TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Early Bird Discount until May 2: subtract $100 |  |
| Sibling Discount for 2nd Child: subtract $300  |  |
| Sibling Discount for 3rd Child: subtract $400 |  |
| Payment in Full: subtract $100 |  |
| Security Fee Member Families: add $99 |  |
| Security and Activity Fee Non-Member Families: add $250 |  |
| Beth Israel Membership Commitment: add $ |  |
| **TOTAL** |  |



**Tuition Payment Method:**

 **CHECK** (for payment in full only)  **CREDIT CARD**: Visa MasterCard Amer. Exp. Discover

Number of credit card payments:  One (15th of July)  Four (15th of July, Sept., Dec., Mar.)  Ten (15th 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 2016-2017.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 1 Date Parent/Guardian 2 Date

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

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

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