

TEMPLE KOL AMI EARLY CHILDHOOD CENTER

2018/2019 REGISTRATION FORM



Date of Application _____ Days _____ Hours _____ Start Date _____

Child's Full Name _____ Date Of Birth _____ Age as of 8/31/18: _____

Address _____ City _____ State _____ Zip _____

Sex: Male Female Child Is Living With: Both Parents Father Mother Other

Mother's Name _____ Father's Name _____

Phone (Home) _____ Phone (Home) _____

Phone (Work) _____ Phone (Work) _____

Phone (Cell) _____ Phone (Cell) _____

Email _____ Email _____

Occupation _____ Occupation _____

Siblings Names & Ages: _____

Has your child been enrolled in a preschool/childcare before? If so, where? _____

So we may be sensitive to your needs, what religious faith(s) do you practice in your home?

Temple Kol Ami Member _____ Other synagogue affiliation, if any _____

Referred By _____

I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by Temple Kol Ami. I further agree that I will not hold Temple Kol Ami or the Early Childhood Center and its employees, representatives, volunteers and agents responsible for any lost or damaged belongings or for any injury or illness my child or family members may sustain. I understand and agree that I will be financially responsible for any injury or illness my child or my family members may sustain at any Temple Kol Ami or Early Childhood Center facilities or activities. _____ (initials)

In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aide as may be required for my child/ children's health and safety. _____ (initials)

I agree that I will have a medical emergency form on file at the Early Childhood Center prior to my child's first day of school and will provide notice of updated immunizations. _____ (initials)

I give permission for my child to walk to any of the Temple's buildings for all Shabbat Services & Special Events and participate in water play on the Splash Pad. _____ (initials)

Temple Kol Ami ECC has my permission to apply sunscreen provided by me to my child while in their care. _____ (initials)

Temple Kol Ami ECC has my permission to apply diaper cream provided by me to my child while in their care. _____ (initials)

I give my permission for my child's photograph to be used by Temple Kol Ami ECC in the following:

- Temple Kol Ami Website & Brochures Temple Kol Ami ECC Facebook Page Temple Kol Ami Voice (Temple Monthly Bulletin)
 Submitted to the Jewish News Other local publications Classroom Weekly Shabbat Letters

My name, address, phone number and e-mail may be listed in the preschool directory. Yes No _____ (initials)

Parent Signature: _____ **Date:** _____

Tuition Schedule 2018/2019

(please check appropriate boxes for days and times)

Child's Name _____ Days M T W Th F

Hours 9:00-1:00 (excluding Infants) 9:00-3:30 7:30-6:00 (5:00 on Friday)

Non-Refundable Annual Registration Fee: \$250 – Temple Kol Ami Member; \$300 – Non Members

*Early Bird Tuition Special Non-Refundable Registration Fee is due by February 15, 2018

Infants <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days	One Year Olds (one and walking by 8/31/18) <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days	Toddlers (18 months by 8/31/18) <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days
Two Year Olds (two by 8/31/18) <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days	Three Year Olds (three by 8/31/18) <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days	Pre Kindergarten (four by 8/31/18) <input type="checkbox"/> 5 Days

Monday – Friday (5 Day) – Monthly Plan

	Member	Early Bird	Non Member	Early Bird
7:30-6:00	\$1,005	\$995	\$1,091	\$1,080
9:00-3:30	\$770	\$762	\$852	\$843
9:00-1:00	\$638	\$631	\$719	\$712

Monday/Wednesday/Friday (3 Day) – Monthly Plan

	Member	Early Bird	Non Member	Early Bird
7:30-6:00	\$780	\$772	\$867	\$858
9:00-3:30	\$683	\$677	\$765	\$757
9:00-1:00	\$546	\$540	\$632	\$626

2 Day – Monthly Plan

	Member	Early Bird	Non Member	Early Bird
7:30-6:00	\$592	\$586	\$678	\$672
9:00-3:30	\$469	\$465	\$551	\$545
9:00-1:00	\$357	\$353	\$444	\$439

- Early Childhood Center closes at 6:00 PM Monday - Thursday and 5:00 PM on Friday. Late Pick Up Fees Will Apply
- Additional hours (as needed) \$10.00/hour
- 10% sibling discount
- Tuition discount of 5% if annual tuition is **paid in full** with check or credit card prior to July 31, 2018
- A change fee of \$25 will be charged after one schedule change

Registration form must be accompanied by the Non-Refundable Registration Fee. By signing this agreement, I understand that school year tuition is a 10-month commitment based on 10 equal payments. Payment must be made by Visa, Mastercard or American Express or automatic deduction from checking/savings. The first payment is due by July 31, 2018. I understand that I am responsible for giving a 4 week written notice and payment for that 4 week period in the event that I withdraw my child. In addition, I understand that by completing this form and paying the registration fee I am enrolling my child in the preschool program and staffing is planned accordingly.

I Prefer To Pay My Tuition: In Full (5% Discount) In Ten Monthly Installments (July – April)

Credit Card Debit Card (Note: there is a 3% fee on all credit/debit card transactions)

Automatic Deduction from Checking or Savings

Parent Signature: _____ Date: _____