

# 2023-2024 ECC REGISTRATION FORM



DATE OF APPLICATION: \_\_\_\_\_ ECC DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_ START DATE: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE AS OF 8/31/23: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEX:  MALE  FEMALE CHILD IS LIVING WITH:  BOTH PARENTS  PARENT 1  PARENT 2  OTHER

PARENT 1 NAME: \_\_\_\_\_ PARENT 2 NAME: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SIBLING NAMES & AGES: \_\_\_\_\_

HAS YOUR CHILD BEEN ENROLLED IN A PRESCHOOL/CHILDCARE BEFORE?  YES  NO

IF YES, WHERE? \_\_\_\_\_

SO THAT WE MAY BE SENSITIVE TO YOUR NEEDS, WHAT RELIGIOUS FAITH(S) DO YOU PRACTICE IN YOUR HOME?

\_\_\_\_\_

ARE YOU A TEMPLE KOL AMI MEMBER?  YES  NO OTHER SYNAGOGUE AFFILIATION: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

\_\_\_\_\_  
*initials* I hereby assume all risks (including 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* I have read and executed the Coronavirus/COVID-19 Assumption of Risk & Waiver of Liability form.  
*The Coronavirus/COVID-19 Assumption of Risk & Waiver of Liability form is included in this PDF file as the last page of the document.*

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

\_\_\_\_\_  
*initials* I agree to have the ADHS Emergency, Information and Immunization Record on file at the TKA Early Childhood Center prior to my child's first day of school. Immunizations are required and I 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 to participate in water play on the Temple Kol Ami 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 permission for my child's photograph to be used by Temple Kol Ami ECC in collateral including but not limited to Classroom Shabbat letters, Temple Kol Ami websites and brochures, Temple Kol Ami social media, submissions to Jewish News and other local publications.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# 2023-2024 ECC TUITION SCHEDULE

CHILD'S FULL NAME: \_\_\_\_\_

- AGE GROUP:
- INFANT
  - ONE-YEAR-OLD  
ONE AND WALKING BY 8/31/23
  - TODDLER  
18 MONTHS BY 8/31/23
  - TWO-YEAR-OLD  
TWO BY 8/31/23
  - THREE-YEAR-OLD  
THREE BY 8/31/23
  - PRE-KINDERGARTEN  
FOUR BY 8/31/23 **FIVE-DAY PLAN ONLY**

NEW

**K PREP PRIVATE KINDERGARTEN CLASS**

TKA'S NEW PROGRAM FEATURING INDIVIDUALIZED AND SMALL GROUP INSTRUCTION FOR KINDERGARTENERS FIVE BY 8/31/23 [SEE ATTACHED FORM FOR PROGRAM DETAILS AND REGISTRATION](#)

**SELECT THE DAYS AND HOURS YOUR CHILD WILL ATTEND THE EARLY CHILDHOOD CENTER**  
PLEASE INDICATE YOUR SELECTION BY CHECKING A BOX BELOW

5-DAY PLAN	MEMBER TUITION	NON-MEMBER TUITION
<input type="checkbox"/> 7:30AM-5:30PM (MON-FRI)	<b>\$1,300</b>	<b>\$1,400</b>
<input type="checkbox"/> 9:00AM-3:30PM (MON-FRI)	<b>\$1,070</b>	<b>\$1,170</b>
3-DAY PLAN	MEMBER TUITION	NON-MEMBER TUITION
<input type="checkbox"/> 7:30AM-5:30PM (MON, WED, FRI)	<b>\$995</b>	<b>\$1,095</b>
<input type="checkbox"/> 9:00AM-3:30PM (MON, WED, FRI)	<b>\$970</b>	<b>\$1,070</b>

**NON-REFUNDABLE ANNUAL REGISTRATION FEE: \$250 FOR TEMPLE KOL AMI MEMBERS \$300 FOR NON-MEMBERS**  
**ANNUAL REGISTRATION FEE DUE BY FEBRUARY 15, 2023**

- EARLY CHILDHOOD CENTER CLOSSES PROMPTLY 5:30PM
- LATE PICK-UP FEES OF \$10/MINUTE WILL BE ASSESSED TO 3:30 PM AND 5:30 PM SCHEDULES
- 5% SIBLING DISCOUNT (DISCOUNT APPLIED TO THE LOWEST TUITION/S)
- TUITION DISCOUNT OF 5% IF ANNUAL TUITION IS PAID IN FULL WITH CHECK OR CREDIT CARD PRIOR TO JULY 31, 2023

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 AUTOMATIC DEDUCTION FROM CHECKING/SAVINGS OR CREDIT CARD. THE FIRST PAYMENT IS DUE BY JULY 31, 2023. I UNDERSTAND THAT I AM RESPONSIBLE FOR A 4-WEEK WRITTEN NOTICE AND PAYMENT FOR THAT 4-WEEK PERIOD IN THE EVENT THAT (A) MY CHILD WILL NOT BEGIN PRESCHOOL ON THE AGREED UPON DATE; OR (B) I WITHDRAW MY CHILD FROM THE ECC.

I PREFER TO PAY MY TUITION:  IN FULL (5% DISCOUNT)  MONTHLY INSTALLMENTS (JULY-APRIL)

PAYMENT METHOD:  AUTOMATIC DEDUCTION FROM CHECKING OR SAVINGS  CREDIT CARD  DEBIT CARD  
NOTE: THERE IS A 4% FEE ON ALL CREDIT/DEBIT CARD TRANSACTIONS

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# K PREP REGISTRATION FORM



DATE OF APPLICATION: \_\_\_\_\_ START DATE: \_\_\_\_\_ AFTER SCHOOL CLUB:  YES  NO

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE AS OF 8/31/23: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEX:  MALE  FEMALE CHILD IS LIVING WITH:  BOTH PARENTS  PARENT 1  PARENT 2  OTHER

PARENT 1 NAME: \_\_\_\_\_ PARENT 2 NAME: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SIBLING NAMES & AGES: \_\_\_\_\_

HAS YOUR CHILD BEEN ENROLLED IN A PRESCHOOL/CHILDCARE BEFORE?  YES  NO

IF YES, WHERE? \_\_\_\_\_

SO THAT WE MAY BE SENSITIVE TO YOUR NEEDS, WHAT RELIGIOUS FAITH(S) DO YOU PRACTICE IN YOUR HOME?

\_\_\_\_\_

ARE YOU A TEMPLE KOL AMI MEMBER?  YES  NO OTHER SYNAGOGUE AFFILIATION: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

\_\_\_\_\_  
*initials* I hereby assume all risks (including 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.

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**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# K PREP ♥ Kindergarten the TKA Way!

Introducing TKA's very own private Kindergarten, where students develop a love of learning as they grow socially, emotionally, and intellectually in a play-based environment. This program is designed to develop young minds into the next generation of problem solvers and critical thinkers!

**K PREP is everything you already know and love about TKA's Early Childhood Center:**

Low student/teacher ratios, play-based learning, weekly Shabbat services with Rabbi Schneider, music class with Cantor Noa, science exploration with Ms. Betsy, and the attentiveness of our dedicated educators.

**Your Kindergartener/s will also receive/benefit from:**

- 💡 Individualized and small-group instruction based on their needs
- 💡 Phonics and literacy instruction based on the science of reading
- 💡 STEAM challenges
- 💡 Multisensory approach to math and literacy
- 💡 Daily specialty classes including sports, music, and language
- 💡 Thematic class field trips
- 💡 Creative play facilitated by educators
- 💡 Social-emotional curriculum promoting self-regulation and self-advocacy skills

**K PREP CLASS IS IN SESSION MONDAY-FRIDAY FROM 7:30AM-3:30PM**  
**OPTIONAL AFTER SCHOOL CLUB (EXTENDED CARE) FROM 3:30-5:30PM**

PLEASE SELECT YOUR PLAN BY CHECKING A BOX BELOW

K PREP PLAN	MEMBER TUITION	NON-MEMBER TUITION
<input type="checkbox"/> 7:30AM-3:30PM (MON-FRI)	\$1,500	\$1,600
<input type="checkbox"/> 7:30AM-5:30PM (MON-FRI)	\$1,550	\$1,650

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**ANNUAL REGISTRATION FEE DUE BY FEBRUARY 15, 2023**

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**I PREFER TO PAY MY TUITION:**  IN FULL (5% DISCOUNT)  MONTHLY INSTALLMENTS (JULY-APRIL)

**PAYMENT METHOD:**  AUTOMATIC DEDUCTION FROM CHECKING OR SAVINGS  CREDIT CARD  DEBIT CARD

**NOTE: THERE IS A 4% FEE ON ALL CREDIT/DEBIT CARD TRANSACTIONS**

**PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**



THE NOVEL CORONAVIRUS, COVID-19, HAS BEEN DECLARED A WORLDWIDE PANDEMIC BY THE WORLD HEALTH ORGANIZATION. COVID-19 IS EXTREMELY CONTAGIOUS AND IS BELIEVED TO SPREAD PRIMARILY THROUGH PERSON-TO-PERSON CONTACT. AS A RESULT, FEDERAL, STATE, AND LOCAL GOVERNMENTS ALONG WITH FEDERAL AND STATE HEALTH AGENCIES RECOMMEND SOCIAL DISTANCING AND HAVE, IN MANY LOCATIONS, PROHIBITED GROUPS OF CERTAIN SIZES FROM CONGREGATING.

TEMPLE KOL AMI EARLY CHILDHOOD CENTER HAS IMPLEMENTED PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID19; HOWEVER, THE SCHOOL CANNOT GUARANTEE THAT YOU OR YOUR CHILD(REN) WILL NOT BECOME INFECTED WITH COVID-19 OR RELATED ILLNESSES. FURTHER, ATTENDING THE PRESCHOOL COULD INCREASE YOUR RISK AND YOUR CHILD(REN)'S RISK OF CONTRACTING COVID-19 OR RELATED ILLNESSES.

**PLEASE INITIAL EACH ITEM TO CONFIRM YOUR UNDERSTANDING OF OUR COVID-19 POLICIES.**

           *initials* Once your child is officially registered, Temple Kol Ami Early Childhood Center will not issue tuition refunds for any reason including but not limited to an illness in your family, confirmed positive COVID-19 exposure on our campus or classroom quarantine procedures related to COVID-19.

           *initials* If your child tests positive for Covid-19, they will be expected to quarantine for a minimum of 5 consecutive days and can return to campus on day 6 with a mask if they are symptom-free. If they are unable to mask, they will be expected to quarantine at home for ten consecutive days and may return to campus on day eleven.

           *initials* Temple Kol Ami Early Childhood Center will not release the names of anyone (staff or child) who is confirmed positive for COVID-19 for any reason (HIPAA). Note: please do not ask the administration staff to do so.

**BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD(REN) AND I MAY BE EXPOSED TO OR INFECTED BY COVID-19 OR RELATED ILLNESSES BY ATTENDING THE PRESCHOOL AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND/OR DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY COVID-19 OR RELATED ILLNESSES AT THE PRESCHOOL MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING BUT NOT LIMITED TO PRESCHOOL EMPLOYEES AND PROGRAM PARTICIPANTS AND THEIR FAMILIES. I ALSO VOLUNTARILY ASSUME THE ECONOMIC RISK OF THE NO REFUND POLICY.**

**I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE TO THE PRESCHOOL OR PARTICIPATION IN PRESCHOOL PROGRAMMING ("CLAIMS"). ON BEHALF AND ON THE BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE PRESCHOOL, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF OR FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS, OR EXPENSES OF ANY KIND ARISING FROM OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE PRESCHOOL, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 OR RELATED ILLNESS INFECTION OCCURS BEFORE, DURING, OR AFTER ATTENDANCE AT THE PRESCHOOL.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **CHILD'S NAME:** \_\_\_\_\_