

2024-2025 ECC REGISTRATION FORM



DATE OF APPLICATION: _____ ECC DAYS: _____ HOURS: _____ START DATE: _____

CHILD'S FULL NAME: _____ DATE OF BIRTH: _____ AGE AS OF 8/31/24: _____

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:** _____



2024-2025 ECC TUITION SCHEDULE

CHILD'S FULL NAME: _____

- AGE GROUP:
- INFANT
 - ONE-YEAR-OLD
ONE AND WALKING BY 8/31/24
 - TODDLER
18 MONTHS BY 8/31/24
 - TWO-YEAR-OLD
TWO BY 8/31/24
 - THREE-YEAR-OLD
THREE BY 8/31/24
 - PRE-KINDERGARTEN
FOUR BY 8/31/24 **FIVE-DAY PLAN ONLY**

NEW CLASS

K PREP PRIVATE KINDERGARTEN CLASS

TKA'S NEW PROGRAM FEATURING INDIVIDUALIZED AND SMALL GROUP INSTRUCTION FOR KINDERGARTENERS FIVE BY 8/31/24

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)	\$1,430	\$1,540
<input type="checkbox"/> 9:00AM-3:30PM (MON-FRI)	\$1,180	\$1,290
3-DAY PLAN	MEMBER TUITION	NON-MEMBER TUITION
<input type="checkbox"/> 7:30AM-5:30PM (MON, WED, FRI)	\$1095	\$1,205
<input type="checkbox"/> 9:00AM-3:30PM (MON, WED, FRI)	\$1070	\$1,180

NON-REFUNDABLE ANNUAL SECURITY FEE: \$600 (\$300 IN JULY + \$300 IN JANUARY)
NON-REFUNDABLE ANNUAL REGISTRATION FEE: \$250 FOR TEMPLE KOL AMI MEMBERS \$300 FOR NON-MEMBERS
ANNUAL REGISTRATION FEE PROCESSED BY MARCH 15, 2024

- 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 AND BILLED ACCORDINGLY
- 5% SIBLING DISCOUNT (DISCOUNT APPLIED TO THE LOWEST TUITION/S)
- TUITION DISCOUNT OF 5% IF ANNUAL TUITION IS PAID IN FULL WITH CHECK PRIOR TO JULY 31, 2024

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, 2024. 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 8/31/24: _____

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 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:** _____

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

NON-REFUNDABLE ANNUAL SECURITY FEE: \$600 (\$300 IN JULY + \$300 IN JANUARY)

NON-REFUNDABLE ANNUAL REGISTRATION FEE: \$250 FOR TEMPLE KOL AMI MEMBERS \$300 FOR NON-MEMBERS

ANNUAL REGISTRATION FEE PROCESSED BY MARCH 15, 2024

- EARLY CHILDHOOD CENTER CLOSES PROMPTLY 5:30PM
- LATE PICK-UP FEES OF \$10/MINUTE WILL BE ASSESSED TO 3:30 PM AND 5:30 PM SCHEDULES AND BILLED ACCORDINGLY
- 5% SIBLING DISCOUNT (DISCOUNT APPLIED TO THE LOWEST TUITION/S)
- TUITION DISCOUNT OF 5% IF ANNUAL TUITION IS PAID IN FULL WITH CHECK PRIOR TO JULY 31, 2024

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, 2024. 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: _____



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:** _____