

Child's Name	Child's Birth Date / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
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FAMILY INFORMATION

➔ PARENT 1

Name Mr. Mrs. Ms. Dr. Rabbi Cantor		
Home Phone	Work Phone	Cell Phone
Email	Street Address	
City	Zip	Subdivision
Occupation	Name of Business	
Birth date / /	Hebrew name (if Jewish)	
Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish (denomination) _____ <input type="checkbox"/> None		

➔ PARENT 2

Name Mr. Mrs. Ms. Dr. Rabbi Cantor		
Home Phone	Work Phone	Cell Phone
Email	Street Address	
City	Zip	Subdivision
Occupation	Name of Business	
Birth date / /	Hebrew name (if Jewish)	
Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish (denomination) _____ <input type="checkbox"/> None		

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Date of marriage / /
Child resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other _____	

➔ OTHER PEOPLE RESIDING IN HOUSEHOLD, INCLUDING CHILDREN

Name	Relationship	
Birth date	Grade	If child, school attending
Name	Relationship	
Birth date	Grade	If child, school attending
Name	Relationship	
Birth date	Grade	If child, school attending

2020-2021 PROGRAMS & FEES

DAYS	TIME	2020-21 RATES	MONTHLY TUITION RATES BEFORE ANY DISCOUNTS
CHILDCARE - AUGUST 2020 - AUGUST 2021 FOR CHILDREN 2 TO 23 MONTHS BY 9/1/2020			
<input type="checkbox"/> T/TH	7:30 am-6 pm	\$8,673	\$723
<input type="checkbox"/> M/W/F	7:30 am-6 pm	\$12,795	\$1,066
<input type="checkbox"/> M/T/W/TH/F	7:30 am-6 pm	\$19,886	\$1,657

TURNING TWO'S - AUGUST 2020 - MAY 2021 FOR CHILDREN BORN BETWEEN 9/1/2018 & 12/31/2018			
Program subject to cancellation based on number of students			
<input type="checkbox"/> T/TH	9 am-1 pm	\$4,775	\$531
<input type="checkbox"/> M/W/F	9 am-1 pm	\$7,162	\$796
<input type="checkbox"/> M/T/W/TH/F	9 am-1 pm	\$10,445	\$1,161



TWO'S - AUGUST 2020 - MAY 2021 FOR CHILDREN 2 YEARS OLD BY 9/1/2020			
<input type="checkbox"/> M/W/F	9 am-1 pm	\$7,162	\$796
<input type="checkbox"/> M/W/F	9 am-3 pm	\$9,690	\$1,077
<input type="checkbox"/> M/W/F	7:30 am-6 pm	\$12,152	\$1,350
<input type="checkbox"/> M/T/W/TH/F	9 am-1 pm	\$10,445	\$1,161
<input type="checkbox"/> M/T/W/TH/F	9 am-3 pm	\$12,596	\$1,400
<input type="checkbox"/> M/T/W/TH/F	7:30 am-6 pm	\$17,364	\$1,929

THREES' - AUGUST 2020 - MAY 2021 FOR CHILDREN 3 YEARS OLD BY 9/1/2020			
<input type="checkbox"/> M/W/F	9 am-1 pm	\$7,344	\$816
<input type="checkbox"/> M/W/F	9 am-3 pm	\$9,785	\$1,087
<input type="checkbox"/> M/W/F	7:30-6 pm	\$12,271	\$1,363
<input type="checkbox"/> M/T/W/TH/F	9 am-1 pm	\$10,947	\$1,216
<input type="checkbox"/> M/T/W/TH/F	9 am-3 pm	\$12,748	\$1,416
<input type="checkbox"/> M/T/W/TH/F	7:30 am-6 pm	\$17,531	\$1,948

FOUR'S - AUGUST 2020 - MAY 2021 FOR CHILDREN 4 YEARS OLD BY 9/1/2020			
<input type="checkbox"/> M/T/W/TH/F	9 am-1 pm	\$11,965	\$1,329
<input type="checkbox"/> M/T/W/TH/F	9 am-3 pm	\$13,913	\$1,546
<input type="checkbox"/> M/T/W/TH/F	7:30 am-6 pm	\$17,997	\$2,000

EARLY CARE FOR CHILDREN WHO REQUIRE EARLY DROP-OFF BETWEEN 7:00AM AND 7:30 AM			
Program subject to cancellation based on number of students			
<input type="checkbox"/> M/T/W/TH/F	7 am-7:30 am	\$900/9 months no discounts apply	\$1,200/12 months no discounts apply



CREDIT CARD INFORMATION Must be completed

Name on Card		CVV #	
Credit Card #	Exp. Date	Date	
Signature			
<input type="checkbox"/> Check here if the credit card address is the same as the address on page 1. If not, please complete address below.			
Street	City	State	Zip

All programs subject to minimum enrollment

➔ **DUE AT TIME OF REGISTRATION (non-refundable):**

\$175 registration fee (waived if enrolled by February 28, 2020)
 \$700 deposit applied to last month's tuition
 \$300 security

SIBLING DISCOUNT

A 10% discount will be offered on the lower annual tuition

TEMPLE BETH EL MEMBERSHIP

Temple Beth El family membership is included with your tuition.

FRIEND REQUEST

We will do everything possible to honor an age-appropriate friend request, however many factors are taken into account when creating optimal classrooms. List request below.

SCHOLARSHIP REQUEST

Scholarships are awarded based on financial need. You may request an application from Mimy Shegota, ELC Senior Associate of Administration. The submission deadline is April 1, 2020. Recipients will be notified of their award by May 10, 2020. Applications received after the deadline will be considered on a first come first served basis depending on remaining funds available.

INDICATE YOUR CHOICE OF PAYMENT:

(All payment options require that you provide valid credit card information on page 3) First payment due by August 1, 2020

- Payment in full by check no later than August 1, 2020 – 5% discount
- Payment in full by automatic bank account debit no later than August 1, 2020 – 5% discount (must attach a voided check)
- Payment in full by credit card (no discount)
- Monthly payment by automatic bank account debit - 2% discount (must attach a voided check)
- Monthly payment by check
- Monthly payment by credit card

➔ **PLEASE READ AND CHECK THE FOLLOWING ITEMS AND SIGN BELOW**

- I hereby enroll my child in the Beth El Early Learning Center. I understand and agree to the terms as stated on this form.
- There will be no adjustments to my child's tuition because of illness, vacation, early withdrawal or weather closings.
- My child will only be released to a parent, legal guardian, or those persons listed on the authorized pickup form. No one under the age of 18 may pick up my child. Proof of identification is required from anyone picking up my child and Beth El Early Learning Center reserves the right to refuse the release of my child to anyone who appears unable to safely assume responsibility for my child.
- If I cannot be contacted in the event of an emergency, I hereby grant permission to Beth El Early Learning Center to authorize any emergency action necessary to ensure the safety of my child.
- Participation in our Early Learning Center program inevitably involves some risk of injury or illness. Young children sometimes get sick and sometimes they get hurt on the playground or during other physical activities. By signing this form I consent to my child's participation in physical, enrichment and playground activities, and should my child sustain an injury or illness, I agree to release and hold harmless Temple Beth El of Boca Raton and its officers, directors and employees from any and all liability arising from my child's participation. I also promise not to sue Temple Beth El or any of its officers, directors or employees as a result of my child's participation.
- It is my responsibility to inform Beth El Early Learning Center of any changes in my contact information.
- I agree to read the Parent Handbook and The Code of Conduct and abide by all policies stated therein.
- All registration fees, deposits and security fees are non-refundable.
- The deposits will be deducted from the final payment of the school year.
- I give permission to use photographs of my child for publicity or marketing purposes.
- I grant permission to be included in class lists.
- I give permission to re-apply sunscreen (please provide sunscreen)
- A State of Florida medical form #3040 and immunization form #680 must be submitted prior to the first day of school. No child will be permitted to attend the first day of school without these forms with exceptions for medically contraindicated vaccinations only.
- There will be a \$15 charge applied for any child not picked up at their scheduled pick up time.
- I agree to provide my credit card information and give the Beth El Early Learning Center permission to charge my card if my tuition payment is delinquent 30 days or more.

➔ **PAYMENT DUE DATES AND LATE FEES**

First payment due by August 1, 2020
 All payments are due by the 1st of the month. A late fee of \$25 will be incurred if payment is not received by the 10th of the month. There will be a \$35 penalty for any returned checks.

If a change is made to classes and/or schedule, there will be no charge for the first change. Every change thereafter will incur a \$50 change fee. You must notify Temple Beth El should your credit card expire or become invalid.

FOR STAFF USE ONLY—TUITION CALCULATOR First payment due by August 1, 2020				
Received by	Date Received	Start Date	Age	Group
Member ID	Registration	Deposit	Tuition	# of Payments
Registration Fee Was Waived <input type="checkbox"/> Yes <input type="checkbox"/> No	Early Risers <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling Discount <input type="checkbox"/> Yes <input type="checkbox"/> No	Other discounts	
Payment and Discount <input type="checkbox"/> Pay in full by check or automatic bank account debit: 5% discount <input type="checkbox"/> Pay in full by credit card: no discount <input type="checkbox"/> Monthly payment by automatic bank debit: 2% discount <input type="checkbox"/> Monthly by check <input type="checkbox"/> Monthly by credit card				

GENERAL TEMPLE BETH EL INFORMATION

Temple Beth El Family Membership is included with your Early Learning Center tuition.
We welcome you to our community and look forward to your interest and involvement.

➔ HOW DID YOU FIND US?

Referred by	
Are you or your spouse related to any Temple Beth El members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Member	Relationship
Reason for enrolling in Beth El Early Learning Center	

➔ INTERESTS AND INVOLVEMENT

Please check below if you would like more information.

- | | |
|--|--|
| <input type="checkbox"/> Steve Brown Volunteer Program | <input type="checkbox"/> Social Action Committee |
| <input type="checkbox"/> Kulanu Chavurot (small friendship groups) | <input type="checkbox"/> Religious Activities Committee |
| <input type="checkbox"/> Membership/Engagement Committees | <input type="checkbox"/> Facilities and Technology Committee |

Please let us know any specific areas of interest.

➔ DO YOU HAVE LOVED ONES YOU WOULD LIKE PLACED ON OUR KADDISH LIST?

The Mourner's Kaddish prayer is traditionally said on the anniversary of the death of a loved one.

Would you prefer we mark the Hebrew calendar or the secular calendar anniversary (yahrzeit) of your loved one's passing? <input type="checkbox"/> Hebrew <input type="checkbox"/> Secular	
Name	Relationship
Relative of (name)	
Full date of death (MM/DD/YYYY)	
Name	Relationship
Relative of (name)	
Full date of death (MM/DD/YYYY)	