

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

# 2019-2020 PROGRAMS & FEES

## CHILDCARE - AUGUST 2019 - AUGUST 2020 FOR CHILDREN 2 TO 23 MONTHS BY 9/1/19

DAYS	TIME	2019-20 RATES	MONTHLY TUITION RATES BEFORE ANY DISCOUNTS
T/TH	7:30 am-6 pm	\$8,182	\$682
M/W/F	7:30 am-6 pm	\$12,209	\$1,017
M/T/W/TH/F	7:30 am-6 pm	\$18,993	\$1,583

## TWO'S - AUGUST 2019 - MAY 2020 FOR CHILDREN 2 YEARS OLD BY 9/1/19

DAYS	TIME	2019-20 RATES	MONTHLY TUITION RATES BEFORE ANY DISCOUNTS
M/W/F	9 am-1 pm	\$6,953	\$773
M/W/F	9 am-3 pm	\$9,690	\$1,077
M/W/F	7:30 am-6 pm	\$12,152	\$1,350
M/T/W/TH/F	9 am-1 pm	\$10,043	\$1,116
M/T/W/TH/F	9 am-3 pm	\$11,996	\$1,333
M/T/W/TH/F	7:30 am-6 pm	\$16,381	\$1,820

## THREE'S - AUGUST 2019 - MAY 2020 FOR CHILDREN 3 YEARS OLD BY 9/1/19

DAYS	TIME	2019-20 RATES	MONTHLY TUITION RATES BEFORE ANY DISCOUNTS
M/W/F	9 am-1 pm	\$6,994	\$777
M/W/F	9 am-3 pm	\$9,785	\$1,087
M/W/F	7:30 am-6 pm	\$12,271	\$1,363
M/T/W/TH/F	9 am-1 pm	\$10,461	\$1,162
M/T/W/TH/F	9 am-3 pm	\$12,258	\$1,362
M/T/W/TH/F	7:30 am-6 pm	\$16,539	\$1,838

## FOUR'S (PRE-K) - AUGUST 2019 - MAY 2020 FOR CHILDREN 4 YEARS OLD BY 9/1/19

DAYS	TIME	2019-20 RATES	MONTHLY TUITION RATES BEFORE ANY DISCOUNTS
M/T/W/TH/F	9 am-1 pm	\$11,288	\$1,254
M/T/W/TH/F	9 am-3 pm	\$13,125	\$1,458
M/T/W/TH/F	7:30 am-6 pm	\$16,998	\$1,889

VPK stipend will be deducted from tuition (estimated at \$2,500)

## EARLY RISERS FOR CHILDREN WHO REQUIRE EARLY DROP-OFF BETWEEN 7:00 AM AND 7:30 AM

Program subject to cancellation/maximum 8 students

DAYS	TIME	2019-20 RATES	2020-21 RATES
M/T/W/TH/F	7 am-7:30 am	\$675/9 months/pay in full no discounts apply	\$900/12 months/pay in full no discounts apply

**DUE AT TIME OF REGISTRATION (non-refundable):**  
 \$175 registration fee (waived if enrolled by February 28, 2019)  
 \$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. (Exclusions apply for Religious School registration in grades 3 and higher.)

**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.

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**INDICATE YOUR CHOICE OF PAYMENT:**  
**First payment due by August 1, 2019**  
 Payment in full by cash, check or automatic bank account debit by August 1, 2019 for a 5% discount.  
 Monthly payment by automatic bank account debit for a 2% discount (must attach a voided check)  
 Monthly payment by check  
 Monthly payment by credit card (must complete credit card information below)

**SCHOLARSHIP REQUEST**  
 Scholarships are awarded based on financial need, and scholarship applications must accompany this registration form. You may request an application from Mimy Shegota, School Administrative Assistant.

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

- \_\_\_ I hereby enroll my child in the Beth EI 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 EI 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 EI Early Learning Center to authorize any emergency action necessary to ensure the safety of my child.
- \_\_\_ It is my responsibility to inform Beth EI 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.

- \_\_\_ 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 EI 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 EI or any of its officers, directors or employees as a result of my child's participation.
- \_\_\_ I give permission to use photographs of my child for publicity or marketing purposes.
- \_\_\_ I grant permission to be included in class lists.
- \_\_\_ 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.

**➔ PAYMENT DUE DATES AND LATE FEES**

**First payment due by August 1, 2019**

All payments are due by the 1<sup>st</sup> of the month. A late fee of \$25 will be incurred if payment is not received by the 10<sup>th</sup> of the month. There will be a \$35 penalty for any returned checks. In the event that your tuition payment has not been received by the last day of the month, the delinquent tuition and late fee will be automatically charged to your credit card.

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.

By signing in the space below, you authorize Temple Beth EI to charge your credit card for delinquent tuition, late fees and penalties as described. You must notify Temple Beth EI should your credit card expire or become invalid.

➔ **Signature** 

**Date** \_\_\_\_\_

**➔ COMPLETE FOR CREDIT CARD OPTION**

Name on Card	Exp. Date
Credit Card #	CVV #
Signature	Date

<b>FOR STAFF USE ONLY—TUITION CALCULATOR First payment due by August 1, 2019</b>			
Received by		Start Date	Age
Member ID	Registration	Deposit	Tuition
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	VPK Amount
<b>Payment and Discount</b> <input type="checkbox"/> Paid in full by cash, check or automatic bank account debit: 5% Discount <input type="checkbox"/> Monthly payment by automatic bank account debit: 2% Discount <input type="checkbox"/> Monthly by check <input type="checkbox"/> Monthly by credit card			



## HOW DID YOU FIND US?

Referred by

Are you or your spouse related to any Temple Beth El members?  Yes  No

Member

Relationship

Reason for enrolling in Beth El Early Learning Center

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## INTERESTS AND INVOLVEMENT

Please check the boxes about which you would like more information.

- |   |  |
|---|--|
| <input type="checkbox"/> Parenthood (ELC Parent Organization)   | <input type="checkbox"/> Sisterhood                |
| <input type="checkbox"/> Adult Education and Programs including<br>Introduction to Judaism classes and<br>Adult B'nai Mitzvah | <input type="checkbox"/> Brotherhood               |
| <input type="checkbox"/> Youth Engagement Programs for children in<br>Kindergarten and older                                  | <input type="checkbox"/> Israel                    |
| <input type="checkbox"/> Religious School for children in<br>Kindergarten and older   | <input type="checkbox"/> Social Action/Tikkun Olam |



## 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?

Hebrew  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)