

## **2012-2013 Registration Information**

To reserve your child's place at the Early Childhood Center, please complete the attached registration forms and return them to the Early Childhood Center with the necessary deposit. Your check should be made payable to: Congregation Beth El. **Unless you are paying in full by August 1, please complete the FACTS application, include the \$45.00 fee for the 1<sup>st</sup> child, \$10 for each additional child, and submit it with your registration forms.** We will not be able to process your registration without it. You may do this either in person or through the mail.

Accompanying this letter are the following documents:

- Registration Form (Blue)
- Explanation of Fees (White)
- Program Selection Forms (Pink)
- Tuition Record Form (Yellow)
- Tuition Management Systems (White)
- Camp Application Forms (Purple)

One registration form and deposit will be required for each family.

Instructions:

1. **Please be sure to sign and date the registration form.**
2. **Make sure you write the child's name next to every program you are selecting.**
3. **Fill in the top of the Tuition Records Form and list your child(ren) and the programs selected. *The office will fill in the fees.***

**You will receive details about your child's class assignment at a later date. Should the class be full, you will be put on a wait list. A packet of forms will be mailed to you over the summer. They are to be completed, in full, by August 1, 2012.** For additional information about program offerings or any questions, please contact the Early Childhood office at (856) 675-1166.

**The Early Childhood Center  
Congregation Beth El  
Registration Form**

**2012-2013**

Application Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: _____		Zip: _____	Home Telephone: _____
Mother's Name: _____		Mother's Home Address: _____	
Mother's Occupation: _____	Mother's Employer: _____	Mother's Employer's Address: _____	
Mother's Business Telephone: _____	Mother's Cellular Telephone: _____	<b>E-Mail Address for school use:</b> _____	
Father's Name: _____	Father's Home Address: _____		
Father's Occupation: _____	Father's Employer: _____	Father's Employer's Address: _____	
Father's Business Telephone: _____	Father's Cellular Telephone: _____		
Child's Physician Information:			
Name: _____			
Address: _____			
Telephone Number: _____ Preferred Hospital: _____			

Other Members of the Household: \_\_\_\_\_

Has this child been in a childcare setting previously? \_\_\_\_\_

Name of Center: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

**Synagogue Membership:**

\_\_\_\_\_ **Congregation Beth El**    \_\_\_\_\_ **Other (please specify)** \_\_\_\_\_ **None**

All tuition payments are to be made to Tuition Management Systems except if you are paying in full, in which case checks should be made payable to Congregation Beth El. Full payments made prior to August 1, 2012 will entitle you to a 5% discount. There is no refund for absences, holidays or for inclement weather that necessitates the closing of school. Enrollment is for the entire school year. *The first mailing for the school year will be distributed in the beginning of the summer. All forms must be completed and returned to the Early Childhood Office by August 1, 2012.*

An enrollment conference with the director and/or classroom teacher may be required prior to the child's first day of attendance. The Early Childhood Center of Congregation Beth El reserves the right to determine whether it can accommodate the needs of each individual child and may determine that it cannot provide an appropriate setting for a particular child. In such case, the financial responsibilities of the child's family will be terminated as of the exit date. In the case of a special needs child, the Early Childhood Center reserves the right to require that copies of the child's evaluation and/or the Individual Family Service Plan be forwarded to the director prior to enrollment. This information will be kept confidential by the administrative office and teachers.

The Early Childhood Center of Congregation Beth El reserves the right to require prompt evaluation of behavior and/or learning patterns of a child which affect his/her school performance and adjustment. If such evaluation is required, the parent and/or guardian shall arrange, at his/her expense, for this to occur within thirty days of notification from the school. If the evaluation is not performed within this time frame the school reserves the right to terminate this agreement and the financial responsibilities of the child's family will be terminated as of the exit date.

A class may be canceled if there is not adequate registration, as determined by the Early Childhood Committee, by July 31, 2012.

**The undersigned assumes responsibility for all school fees and other charges.** If a child is withdrawn from the school by the parent or guardian for any reason other than at the request of the school, said parent or guardian is responsible to pay one extra month's tuition following the withdrawal.

In the event that a medical emergency occurs, the Early Childhood Center of Congregation Beth El is authorized to seek emergency medical care for my child as deemed necessary by the Director and/or her/his designee.

Permission is granted for the following:

- Photographs of child to be taken while in the Early Childhood Center and to be used both internally and externally for publicity.
- Release of information to enrolled families for use in creating class lists.

**RECIPROCAL REQUEST** – Please indicate below if you have a request for another child to be in your class. You are limited to 2 requests and it must be reciprocal. We will make every effort to honor at least 1 request but cannot guarantee it, as there are many factors in placing children properly.

Child's Name: \_\_\_\_\_

Due to the generosity of the Saltzman Foundation, scholarships are available for students attending our program. Scholarships are awarded on each applicant's individual situation. See administration for details.

**PLEASE INDICATE PAYMENT PLAN: (Must select one option)**

(Plan will depend on program attending.)  
**Payment in Full (by August 1, 2012) \_\_\_\_\_ OR TMS \_\_\_\_\_ (10 month plan-final payment 4/30/13)**  
**(5% discount) TMS \_\_\_\_\_ (12 month plan-final payment 7/1/13)**

The Early Childhood Center reserves the right to reverse any credits provided against synagogue membership in the event Early Childhood tuition is not paid in accordance with the payment terms established for each child.

*The undersigned agrees to pay the tuition due for the classes requested on the Selection Forms in accordance with the arrangements requested above.*

**Parent's/Guardian's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's/Guardian's Signature** \_\_\_\_\_

The Early Childhood Center of Congregation Beth El reserves the right to refuse admission in the event that the above signed party fails to submit completed forms and or fails to meet the financial obligation noted above.