

TEMPLE SINAI OF HOLLYWOOD

*The Kenneth and Harriet Kasselman Early Childhood Learning Center
Yetta & Morris Deckelbaum Early Childhood Wing
1400 North 46th Avenue, Hollywood, Florida 33021 (954)987-1694*

ECE Registration Form for 2009-2010 5769-5770

Date: _____ *Temple Sinai Member: _____ Yes _____ No
 Member of another synagogue: ___Y___N If yes, which one: _____
 Mother Jewish: Y___ N___ Father Jewish: Y___ N___

Childs Information:
 Child's Name: _____ Gender: M___ F___ Child's Hebrew Name: _____
 Child's DOB _____ Age (as of Sept. 1, 2009) _____
(18 mos., 2, 3, or 4 years old)
 Parent(s)/Guardian Names: _____
 Child's Primary Home Address: _____
 City: _____ State: _____ Zip: _____

Person(s) responsible for billing:
 Both parents ___ Mom ___ Dad ___ Guardian ___ Other ___ Name if "Other" _____
 Billing Address (if different than home): _____
 City: _____ State: _____ Zip: _____

Phone Numbers:
 Child's Home Number: _____
 Mom's/guardian Daytime: _____ Dad's/guardian Daytime: _____
 Mom's/guardian Cell: _____ Dad's/guardian Cell: _____
 E-mail Address: _____ E-mail Address: _____

Please Indicate Which Program(s) You Wish to Enroll Your Child In:

<p>Turning Two (Child must be 18 months by 9/1/09)</p> <p><input type="checkbox"/> 5 full days 9:00 a.m. - 3:00 p.m. <input type="checkbox"/> 5 half days 9:00 a.m. - 1:00 p.m. <input type="checkbox"/> 3 half days (MWF) 9:00 a.m. - 1:00 p.m.</p> <p>Thriving Threes (Child must be 3 years by 9/1/09)</p> <p><input type="checkbox"/> 5 full days 9:00 a.m. - 3:00 p.m. <input type="checkbox"/> 5 half days 9:00 a.m. - 1:00 p.m. <input type="checkbox"/> 3 half days (MWF) 9:00 a.m. - 1:00 p.m.</p>	<p>Terrific Twos (Child must be 2 years by 9/1/09)</p> <p><input type="checkbox"/> 5 full days 9:00 a.m. - 3:00 p.m. <input type="checkbox"/> 5 half days 9:00 a.m. - 1:00 p.m. <input type="checkbox"/> 3 half days (MWF) 9:00 a.m. - 1:00 p.m.</p> <p>Fabulous Fours (Child must be 4 years by 9/1/09)</p> <p><input type="checkbox"/> 5 full days 9:00 a.m. - 3:00 p.m. <input type="checkbox"/> Participating in the VPK government funded program</p>
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Tuition and Registration Fees:

New Student Registration Fee: \$255
Returning Student Registration Fee: \$185 (If re-registered by 4/30/09)
Returning Student Registration Fee: \$225 (If re-registered after 4/30/09)

Tuition	*Member	Non-Member
Five full days	\$7,100.00	\$7,900.00
Five half days	\$6,100.00	\$6,900.00
Three half days	\$5,200.00	\$5,900.00

Kids' Club (extended care)

<input type="checkbox"/> 7:30 a.m. - 9:00 a.m. only	\$140/month	\$160/month
<input type="checkbox"/> 7:30 a.m. - 9:00 a.m. and 3:00 p.m.- 6:00 p.m.	\$310/month	\$360/month
<input type="checkbox"/> 3:00 p.m. - 6:00 p.m. only	\$240/month	\$275/month

* Member discounts are capped at \$1,000 total discount per family. In order to receive Member Rate you must have paid at least 25% of the current years Membership Dues and have completed the Membership Renewal Form 2009/2010 with payment instructions.

A check for the non-refundable registration amount must accompany this form. Tuition prices are yearly, billed over 10 months for your convenience as needed.

REGISTRATION PROCESS POLICIES

- This registration form must be completed and signed for each student. An annual, non-refundable registration fee must accompany this form in order to secure placement.
- First and last month's tuition is due before your child begins the program.
- School registrants must be in good standing financially with Temple Sinai. This includes current Early Childhood tuition fees, Camp Re-Im fees, and any other financial obligations to Temple Sinai.
- Students whose tuition is in arrears will not be permitted to return to school until your account is made current. Temple Sinai reserves the right to cancel the enrollment of any student for non-payment. A \$35 fee will be assessed for returned checks. A \$25 late fee will be assessed to payments made after the 15th of the month.
- Upon receipt of this registration form, a space is reserved for your child. You will receive a packet of all the necessary, required forms prior to the beginning of the school year. Students will be admitted in to class when we have received all required forms and your child's file is complete and current.
- Temple Sinai reserves the right to cancel students' enrollment or dismiss any student/family whose conduct, influence and/or behavior is deemed unsatisfactory and not in the best interest of the school or synagogue.
- One month's written advance notice is required to withdraw a child from the ECE program without financial penalty. If one month's notice is not given, your last month's (May) tuition will not be refunded.
- There is no tuition adjustment or credit given for holidays, family vacations or illness.
- Children are placed in classes at the discretion of the school administration.

Tuition Reduction Qualifiers:

- _____ 5% sibling discount on the lower tuition.
- _____ 5% discount for prepayment of full years tuition paid **by June 30th, 2009.**

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

_____ I will give Temple Sinai 10 post-dated checks no later than June 15th for 2009-2010 tuition. Checks will be dated beginning July 1st, 2009 - April 1st, 2010. Checks will be deposited on the 1st of each month unless a prior arrangement is approved by the business office of Temple Sinai of Hollywood.

_____ I hereby authorize Temple Sinai of Hollywood to charge my Visa/MC on the 1st day of each month. If the first day of the month falls on a non-business day, the card will be debited on the last working day prior to the 1st. **I understand that it is my responsibility to notify Temple Sinai when/if the card is no longer valid.** This authorization will be in effect until written notice is received by Temple Sinai from me to cancel further charges.

(PLEASE COMPLETE ATTACHED CREDIT CARD INFORMATION FORM) This information will be given to the bookkeeping department ONLY for security purposes.

By signing this application, I have read this entire registration form and understand the policies stated. I/We agree to adhere to them.

Parent's Signature _____ Date _____

For Office Use Only:

Received by _____ Date _____