



New Student Admission Agreement

Child's Name: _____ **Date of Birth** _____
Parent's Name: (1) _____ **Cell Phone #** _____
Parent's Name: (2) _____ **Cell Phone #** _____
Home Address: _____ **City and Zip Code:** _____
Home Phone# _____ **Email (1)** _____
Email (2) _____

Please enroll my child in Temple Beth Shalom Early Childhood Center (TBSECC).
I understand that:

- Tuition is charged for the school year as stated for the program selected on the Enrollment Application. Scheduled closings for holidays, winter and Passover breaks have been accounted for in the tuition fee. No refunds, credits or make up days are allowed for absences or vacations. Four weeks advance notice is required for withdrawal of any child.
- Tuition may be paid in one (1) full payment one month prior to the start of school; or in equal monthly installments, beginning one month prior to the start of school, paid on the 5th of each month. (Preschool and Half Day Toddler Program – 10 installments; Infant and Toddler Extended and Full Day Program – 12 installments.) A \$35 fee will be charged for all payments which do not clear upon presentation to the bank. The school reserves the right to refuse admission to any child at any time in the event that tuition is not paid as agreed.
- 3. Before a child begins attending school all registration papers, including immunization records, must be completed and up to date.
- 4. TBS ECE depends on parent participation for a wide variety of school activities and events. There are opportunities for all parents to participate. Parents are requested to volunteer for at least one committee and/or event.
- 5. The TBS ECE makes every effort to work with all children and families enrolled in our program. On rare occasion circumstances may arrive that bring the school to the conclusion that it cannot meet or provide for the needs of the child and/or family. In this case the school reserves the right to dismiss a child if it is determined by the school, in its sole discretion, that it is in the best interest of the child and the school.

This agreement shall remain in effect for the duration of my child enrollment in the Temple Beth Shalom Early Childhood Center.

Parent Signature

Date

**Temple Beth Sholom Early Childhood Center
("TBSECC")
Policies and Procedures Agreement**

Child's Name: _____

1. I am aware that all required licensing and school forms must be completed and submitted before my child may begin attending the TBSECC.
2. I understand that state licensing requires me to sign my child in and out of the TBSECC using full legible signatures every day. I am aware that I may be assessed a \$25 fee, per occurrence, for not signing in and /or out.
3. I understand that the TBSECC policy is that my child may only leave the building with adults who have been authorized in advance. If there is any change in pick-up, I will notify the ECC office staff and the classroom teacher and discuss it in advance with my child.
4. I understand that I will be billed \$15 per hour for any additional hours my child attends school on his/her regularly scheduled day and within normal operating hours. I understand that I will be billed \$2 per minute, with a \$30.00, minimum for any pick up times after daily operating hours.
5. I am aware that the TBSECC staff can only administer medications that are accompanied by a medication authorization form signed by the parent. Prescription medications must be in the original container and will only be administered in accordance with the label directions prescribed by my child's physician. Non -prescription medications must be in the original container with my child's name written on the bottle and will only be administered in accordance with the product label directions.
6. I will follow the TBSECC guidelines in regards to communicable diseases such as chicken pox, pin eye, strep throat, head lice, ringworm, etc. I will notify the office immediately if my child contracts a communicable disease. I will keep my child at home if the following are present: fever, diarrhea or vomiting, undiagnosed rash, etc. Whether or not a child is too sick to remain at school will be at the discretion of your child's teacher and /or the director. Children must be symptom free for one full day before returning to school.
7. I have taken a tour of the facility and understand the center's philosophy and program.
8. I understand I am required to update my child's Emergency Contact and Information form as changes occur.
9. I understand that TBSECC is a nut (peanuts and tree nut) sensitive school. I will not send any nuts or products containing nuts to school.
10. I am aware of the TBSECC Kashrut policy and will not send any pork products or shellfish products to school.

Parent Signature

Date



Enrollment -New Students
2018/19 School Year

Child's Name _____ DOB _____

Please enroll my child for the following program for the 2018/19 School Year.

	(Circle Days) 2 days M T W Th F	(Circle Days) 3 days M T W Th F	(Circle Days) 4 days M T W Th F	5 days M - F
Infants and Toddlers Full and Extended day only. July 1, 2017—June 30, 2018 Tuition is for 12 months; paid in 12 (monthly) installments, one month in advance of start date.				
Extended Day 8:00—4:00	\$9,240 (\$770)	\$12,456 (\$1,038)	\$13,488 (\$1,124)	\$14,832 (1,236)
Full Day 7:30—6:00	\$12,144 (\$1,012)	\$15,084 (\$1,257)	\$17,220 (\$1,435)	\$19,260 (1,605)
Toddler-Half Day Tuition is for the 10 month school year September 2018 –June 2019 May be paid in 10 equal installments (first payment due August 5; last due May 5)				
Half Day 8:30 - 12:00	\$5,300	\$6,780	\$8,050	\$8,980
Preschool - Children turning 2 years to 5 years by September 1, 2018 Tuition is for the 10 month school year September 2018 –June 2019 Paid in 10 equal installments (first payment due August 5; last due May 5)				
Half Day 8:45 –12:30	\$4,725	\$5,922	\$6,916	\$7,849
Extended Day 8:00 - 4:00	\$6,143	\$8,150	\$9,330	\$10,827
Full Day 7:30 - 6:00	\$7,245	\$9,360	\$10,650	\$12,246

The following fees are due with signing:

\$150 yearly non-refundable deposit; \$50 Parent Association Fee; \$50 material fee

\$ 20 Emergency supplies fee

_____ Charge my card on file _____ Check is attached _____ Charge my card listed below

Card # _____ Exp. date _____

Name as it appears on card: _____ CVC _____

Tuition:

_____ Please use my credit card on file _____ Please use the card listed above

Extra hours: (Charged as used) \$15 during regular operating hours. Pick up after 6:00 PM: \$30 for the first 5 minutes and \$2 a minute thereafter.

Parent Signature:

Date:

2625 N. Tustin Ave., Santa Ana, Ca. 92705 (714) 628-4640 fax (714) 628-4644 www.tbsoc.com/preschool



Please use this form as my authorization for use of the credit card below for the following:

Tuition fees Registration Fees

Please leave as card on file for any other charges incurred

Credit card information: Visa MC
Account number: _____ Exp: _____

Name on card: _____ CVC _____

Authorizing Signature: _____ Date: _____