	For Office Head	Aud.		
Admission Date	For Office Use C	•		
Child's Arrival Time		al Fee \$		
Child's Departure Time		. c. out it contains		
<u> </u>				
EARLY CHILDHOOD LEAF	RNING CENTER AT ADA	TH ISRAEL REGISTRAT	TION 2023	<u>3 - 2024</u>
Child's First Name:	Child's Last Name	:		
Child's Date of Birth:	Home Phone	:	Male	Female
Address:	Cit	City, State, Zip:		
Parent/Guardian 1:		Date of Birth:		
Email:	Cell Phone:	Occupation:		
Parent/Guardian 2:		Date of Birth:		
Email:	Cell Phone:	Occupation:		
Marital Status of Parents:		Anniversary:		
Siblings (names and birth dates):			
Family Physician:		Phone:		
Address:		City, State, Zip:		
Previous early childhood experience:				
Any special information of which the	school should be aware?			
I would like to speak to the Director p	ior to the start of the school year.	Yes	No	
Adath Israel and the Early Childhoo video or images of my child for procompensation for these.	od Learning Center has permission	on to use photographs/	No	
**Tuition will be paid by: (Name of person responsible for payment account for the payee may be set up)	t, if other than the parent, please supply th	e office with name, address, phone num	ber and e-mail a	address so an
I/We agree to update emergency at a minimum.	contact/parental consent form in	formation whenever changes oc	ccur or every	6 months
Persons designated by parent t	o whom child may be release	ed regularly and in case of	emergency	/ :
1.	Phone:			
2.	Phone:			

I/We enclose a <u>\$500 non-refundable</u> registration fee to be applied towards tuition.
Please submit the attached Payment Plan Option form along with your child's registration form. Adath Israel cannot accept any enrollment application without a Payment Plan Option form. All families must either pay in full by August 1, 2023 or be enrolled in an automatic payment plan in order for the child to attend ECLC.

Parent(s) Signature:

Date:

PROGRAMS OFFERED

(Child must be of age by September 1)

~~ Please select from the following programs for which you are registering ~~

Toddler, 10 months - 23 months

Tues & Thurs (9am-12pm)	\$4,984
Mon, Wed & Fri (9am-12pm)	\$6,745
Mon – Fri (9am-12pm)	\$8,386
Mon – Fri (9am-3pm)	\$12,540

2 year olds

Tues & Thurs (9am-12pm)	\$4,441
Mon, Wed & Fri (9am-12pm)	\$6,011
Mon – Fri (9am-12pm)	\$7,604
Mon – Fri (9am-3pm)	\$11,904

3 year olds

Mon, Wed & Fri (9am-12pm)	\$6,011\$
Mon – Fri (9am-12pm)	\$7,604
Mon – Fri (9am-3pm)	\$11,904

4 year olds

Mon – Fri (9am-12pm)	\$7,604
Mon – Fri (9am-3pm)	\$11,904

Full Day Kindergarten

Mon – Fri (9am-3pm)	\$12,081
---------------------	----------

Morning Kindergarten Enrichment

For children attending an <u>afternoon</u> kindergarten program
Mon – Fri (9am-12:30pm) **\$9,203**

 ${\sim}{\sim}A$ 10% sibling discount will be applied to one sibling with the lesser tuition ${\sim}{\sim}$

Adath Israel's ECLC reserves the right to cancel classes due to low enrollment.

ADD ON PROGRAMMING

(Please check ALL boxes that apply)

Extended Morning Program (Noon – 1:00 pm)

(Child must be enrolled in our 2's, 3's or 4 year old class)

Children must bring a PEANUT FREE, DAIRY OR VEGETARIAN packed lunch.

\$560 - per day/per year Mon Tues Wed Thurs Fri

Extended Afternoon Program (Noon - 3:00 pm)

(Child must be enrolled in our 2's, 3's or 4 year old class)

Children must bring a PEANUT FREE, DAIRY OR VEGETARIAN packed lunch.

\$1,345 per day/per year Mon Tues Wed Thurs Fri

OPTIONAL EXTENDED HOURS

(Please check ALL boxes that apply)

Early Care

Early Care 7:30 am – 9:00 am \$567 per day/per year	Mon	Tues	Wed	Thurs	Fri
Early Care 8:00 am – 9:00 am \$378 per day/per year	Mon	Tues	Wed	Thurs	Fri
Early Care 8:30 am – 9:00 am \$189 per day/per year	Mon	Tues	Wed	Thurs	Fri

Late Care

(Please note that we close at 4:00 pm on Fridays)

<u>Late Care 3:00 pm – 5:00 pm</u> \$756 per day/per year	Mon	Tues	Wed	Thurs	
<u>Late Care 3:00 pm – 4:30 pm</u> \$567 per day/per year	Mon	Tues	Wed	Thurs	
<u>Late Care 3:00 pm – 4:00 pm</u> \$378 per day/per year	Mon	Tues	Wed	Thurs	Fri
<u>Late Care 3:00 pm – 3:30 pm</u> \$189 per day/per year	Mon	Tues	Wed	Thurs	Fri

TO REGISTER:

PLEASE COMPLETE THIS FORM, SIGN WHERE APPLICABLE & RETURN TO ECLC OFFICE WITH \$500 PER CHILD NON-REFUNDABLE DEPOSIT. THIS APPLICATION WILL ONLY BE ACCEPTED IF ACCOUNT IS CURRENT. (SPACE IS LIMITED)

Child's Full Name: Parent's Full Name:

NON-REFUNDABLE DEPOSIT

BALANCE DUE:

(Must accompany this application to register and is applied towards tuition)

Please attach a check, fill in **Credit Card information, or verify ***ACH information below for your \$500 non-refundable deposit **Credit Card payments will incur a 2.5% processing fee to each transaction.**

**Credit Card Number:	E	Exp:	CVV		
***For returning families who wish their deposit to be processed by ACH: Please log into your account and verify that your ACH information is correct, then enter the last four digits of the account below. ***ACH Account #:					
Name on Account:					
Billing Address:					
Signature of Account Holder:		Date:			
	FOR OFFICE USE ONLY				
Registration Form - Date Rec'd: _	\$500 Deposit Rec'd: ck#	*CC	_ACH		
TUITION:		\$			
-(mir	nus) 10% Sibling Discount	-\$			
	Total Tuition	\$			
OPTIONAL PROGRAMS: + (pl	us) Extended Morning (Noon -1:00 p	om) +\$			
+ (pl	us) Extended Afternoon (Noon - 3:00	0 pm) +\$			
+ (plu	us) Early Care	+\$			
+ (pl	us) Late Care	+\$			
+ (plu	EES: (Per Family) s) Building Security Fee s) PTO Family Activity Fee s) Fund for the Future	+\$ <u>400</u> +\$ <u>180</u> +\$ <u>360</u>			
TOTAL:		\$			

December 2022

-\$ 500

\$

Adath Israel ECLC Payment Plan Agreement 2023-2024

250 N. HIGHLAND AVENUE | MERION STATION, PA 19066 | (610) 934-1920

Child's Last Name:	First Name:			
Parent 1 Full Name:	Parent 2 Full	Name:		
Best Contact Number:	Email:			
**Tuition will be paid b	y:			
It is mandatory that a Payment Plan be selected bele**All Credit Card payments will incur a 2.5% process Adath Israel's ECLC reserves the right to terminate a	sing fee added to each transa	ction.	ment plan.	
PAYMENT OPTIONS: (a payment plan must in Full by August 1, 2	be selected with a form of p 2023)	ayment, checks will not be accept	ed unless paying	
Payment Option 1: Pay in FULI programs and additional fees. Please proce by August 1, 2023 **All Credit Card payments	ess my credit card or ACH in f	full by August 1, 2023 or I/we will	ition, optional send in a check	
PAYMENT OPTION 2: Three Equation ACH on file on August 1, 2023, November 1 and additional fees. **All Credit Card payments	L, 2023 and February 1, 2024	I. This includes all ECLC tuition, op	my credit card/ tional programs	
PAYMENT OPTION 3: Ten Equal Payments: I/we agree for Adath Israel to auto charge my credit card/ACH on file on the 1st of each month for ten (10) months. This includes all ECLC tuition, optional programs and additional fees. Please auto process my credit card /ACH beginning August 1, 2023 - May 1, 2024. **All Credit Card payments will incur a 2.5% processing fee added to each transaction.				
**All Credit Card payments will incur a 2.5% processing fee added to each transaction.				
***ACH Processing Information: There is <u>no processing fee</u> for payments made by ACH. Please enter the last 4 digits of the account you wish to use below.				
For new families: After your enrollment application is processed, you will receive an e-mail with an invite to set a password to your online account. Please set-up your account and add your ACH information under payment methods in the Member Section. For assistance please contact the school adminstrative assistant.				
For returning families: Please log into your acco	ount and verify that your AC	H information is correct.		
Credit Card Payments **All Credit Card payments will incur a 2.5% processing fee added to each transaction.	Credit Card #	Expiration Date	CVV	
Name on Card	Address for Card			
***ACH Payment Last 4 digits of account#				
Payment in Full by Check (must be paid by August 1, 2023)				

I understand that I must notify Adath Israel when my credit card expires or is cancelled and supply them with an updated number. If credit card is **declined**, a replacement must be given within 5 days or a \$25 fee will be assessed on my account. Any **bounced** ACH payment will incur a \$25 fee and replacement payment must be made within 5 days.

Signature of Parent #1 Signature of Person responsible for payment, if different

Signature of Parent #2