

Registration Package
2020-2021



Early Childhood
Education Center

at Temple Beth Tikvah

9955 Coleman Road
Roswell, GA 30075
770.642.0434

Linda Siegel
Preschool Director
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ENROLLMENT FORM 2020-2021

Name: _____

PROGRAM INFORMATION

Days per week/Age Group	Days Attending	TBT Member Tuition	Non-Member Tuition
2 days(18-24 months)	Monday, Wednesday	\$325 per month	\$370 per month
3 days (2's & 3's)class	Monday, Wednesday, Friday	\$435 per month	\$480 per month
4 days (2's & 3's) class	Monday, Tuesday, Wednesday, Friday	\$510 per month	\$575per month
5 days (3's) class	Monday, Tuesday, Wednesday, Thursday, Friday	\$585 per month	\$655 per month
Pre-K/Madrigot Kindergarten Transition	Monday, Tuesday, Wednesday, Thursday, Friday <small>*ALEF Fund scholarship available</small>	\$605 per month	\$675 per month

TUITION PAYMENT PLAN

Please check which plan you will be utilizing for the 2019-2020 school year.

- Pay tuition in full by June 15, 2020** A 5% discount will be applied **ONLY** if you meet the June 15 2020 deadline.
- Monthly Checks:** You **must** submit nine post-dated checks August 1, 2020 through April 1, 2021. **Post-dated completed checks MUST be submitted with registration and will be deposited on the first day of the month. Any registration submitted without all postdated checks will not be processed.**
- Monthly Credit Card Payment:** This must be arranged with the Temple Beth Tikvah front office **prior** to entering school. **Credit cards will be run the first week of the month. There is a 3% service charge each time a credit card is run.**

Registration Fee required with Paperwork	TBT Members \$100.00 + 1st month Tuition	Non- Member \$125.00 + 1st month Tuition
Activity Fee -Includes Remini. supplies and activity fees	\$125.00 per child due August 1, 2020	\$125.00 per child due August 1, 2020

I understand that Temple Beth Tikvah Early Childhood Education Center reserves the right to refuse admission to any child at any time in the event that tuition is not paid as agreed.

Parent/Guardian Signature _____ Date: _____

ENROLLMENT POLICY 2020-2021

Please review the following policy carefully and then sign and return to the Temple Beth Tikvah Early Childhood Education Center Office.

FEES

Please note that Temple Beth Tikvah requires all previous ECEC tuition be **paid in full** before enrollment for a new program or school year.

1. REGISTRATION FEE AND FIRST MONTH TUITION:

A non-refundable registration fee is required at time of enrollment and **MUST** accompany your child's first month of tuition. The registration fee is TBT Members \$100; Non-members \$125.

Your child's space can only be held with a completed Registration Form, the Registration Fee, state of Georgia Immunization certificate and First Month Tuition attached. Please return registration form, fees , and state of Georgia immunization certificate together to complete the registration process.

Temple Beth Tikvah Immunization Policy

Temple Beth Tikvah's Early Childhood Education Center & Religious School requires children enrolled in our education programs must be up to date on all immunizations. We are committed to providing a safe environment for all children & teens who attend our education programs. We firmly believe that to maintain a safe environment and decrease the transmission of preventable diseases, all children who attend Temple Beth Tikvah's Early Childhood Education Center & Religious School should receive all of the recommended vaccines according to the Georgia State Department of Health requirement schedule (including dose 2 of the MMR by the age of 5). Children who have not been appropriately vaccinated will not be allowed to attend Temple Beth Tikvah's Early Childhood Education Center or Religious School . Immunization certificates must be on file for registration to be complete and attend classes.

Signature _____ Date _____

2. ACTIVITY FEE:

A one-time, non-refundable, Activity Fee of \$125 will be added to your first bill. This fee covers the cost of special programming, enrichment classes, and special events. This also includes the cost of Remini per family as well as basic supplies.

3. TUITION PAYMENT:

- The **second child** in the family will receive a discount of **10% off** their tuition.
- The annual tuition will be billed on the first of the month beginning August 1, 2019 through April 1, 2020. The parent/guardian agrees to pay the monthly fee on or before the date due. Any other arrangement would need to be made with the front office.

4. PAYMENT OPTIONS:

The following are payment options for your child's tuition.

- Payment in full. **If payment is made in full by June 14, 2019, a 5% discount will be applied to the year's tuition total.**

- Monthly Check Payment. Nine postdated checks dated August 1, 2019 through April 1, 2020. **These checks must be submitted by August 1, 2019. No registration will be accepted without these checks.**
- Monthly Credit Card Payment. Your credit card will be billed one month in advance for each month's tuition. Your credit card information must be submitted by August 1, 2019. There is a 3% bank administrative fee for credit card use.

5. BANK CHARGES/RETURNED CHECK FEE:

You will be charged \$35 for each returned check.

6. ABSENCES AND VACATIONS:

Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as "make-up" days.

7. WITHDRAWAL:

The obligation for full payment of tuition and other fees will continue unless the parents submit a written and signed notification of early termination. Parents agree to furnish Temple Beth Tikvah with at least one month's advance written notice of such withdrawal.

If the parent fails to provide written notice, they will remain responsible for the full tuition for the next one (1) calendar month following the child's last day of attendance.

8. RE-ENROLLMENT FOLLOWING SUSPENSION/WITHDRAWAL:

If any situation occurs during which the child is temporarily withdrawn from Temple Beth Tikvah Early Childhood Education Center and the parents temporarily suspend regular payment of tuition, the enrollment will be terminated. Re-enrollment will be based on availability of space, and an additional registration fee will be required.

9. PERMISSIONS:

I hereby grant permission to my child and Temple Beth Tikvah ECEC to:

- A. Take part in all programs and activities, including the use of indoor and outdoor equipment.
- B. Be photographed or videotaped in connection with the daily program activities.

10. REQUIRED FORMS:

All application forms, payments and immunization certificate must be submitted before a student will be admitted to any class.

***REGISTRATION IS COMPLETE ONLY WHEN ALL FORMS, AND ALL CHECKS, INCLUDING POSTED DATED CHECKS, OR CREDIT CARD NUMBERS, ARE SUBMITTED.**

11. PARENT HANDBOOK:

A Parent Handbook will be given to you following your child's enrollment in our preschool. You will be asked to sign an agreement stating you have read the Handbook and agree to follow all of our regulations and policies.

I have reviewed each of the provisions in this Enrollment Policy and hereby agree to comply with all provisions hereof.

Signature _____ Date _____

For Internal Use Only
Date Received: _____

Applications are handled on a first-come first-serve basis. Enrollment depends on space and staffing availability.

Please Note: Classes may be cancelled at any time due to insufficient enrollment.

Your child's space can only be held with this form completed, the Registration fee, Immunization certificate, and First Month's Tuition attached. Please return registration form, fees & immunization certificate together to complete the registration process. Registration Fee is non-refundable and non-transferrable.

Child's Name: _____ Date of Birth: _____ Age: _____
Child's Hebrew Name: _____ Home Language _____ Phone: _____
Home Address: _____ Subdivision: _____ City: _____
Zip Code: _____ Temple Beth Tikvah Member _____ Non-Member _____

Parent/Guardian #1	Parent/Guardian #2
Name _____	Name _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Email _____	Email _____
Home Phone # (if different from child's) _____	Home Phone # (if different from child's) _____
Address (if different from child's) _____	Address (if different from child's) _____
_____	_____
Employment Information:	Employment Information:
Place of Employment _____	Place of Employment _____
Occupation _____	Occupation _____
Address _____	Address _____
_____	_____
I am currently at home with my child <input type="checkbox"/>	I am currently at home with my child <input type="checkbox"/>

Parental Status: Married ___ Separated ___ Divorced ___ Single ___ Widowed ___

Child Lives With: Both Parents ___ Mother ___ Father ___ Other ___ (name and relationship to child)

Child's Legal Guardian(s): Both Parents ___ Mother ___ Father ___ Other ___ (name and relationship to child)

Names of Siblings: (Please list names and ages) _____

If parents are divorced/separated, copies of custody arrangements must be provided with your registration

MEDICAL INFORMATION- (all information will be kept confidential)

STUDENT INFORMATION

At Temple Beth Tikvah ECEC, we believe that every student is created in God’s image. We value the uniqueness of each student’s place in our community. Accommodations and supports will be implemented within our means and within the structure of our program on a case by case basis. We are committed to open communication and building partnerships with families so that we can most effectively meet the needs of each student. Our program, and our commitment to serving our students with a range of needs, continues to evolve as we strive to meet their ever-changing needs.

Please list any health issues that TBT ECEC should be aware of. This may include physical or mental conditions, existing or pre-existing illnesses, hospitalizations, dietary restrictions, or behavioral concerns.

Does/Has your child receive/received support services? Yes _____ No _____

If yes, in what areas? OT ____ PT ____ Speech/Language _____ Social Skills _____ Other _____

Will your child be attending with a facilitator? Yes _____ No _____

List any medications your child is taking that we should be aware of:

Will your child be in need of medication during school hours? Yes _____ No _____

List any known allergies: _____

Will we be required to keep an EPI-Pen on the school premises for your child? _____

THE GEORGIA CERTIFICATE OF IMMUNIZATION IS REQUIRED BY LAW FOR ALL STUDENTS. Temple Beth Tikvah’s Early Childhood Education Center & Religious School requires children enrolled in our education programs must be up to date on all immunizations. We are committed to providing a safe environment for all children & teens who attend our education programs. We firmly believe that to maintain a safe environment and decrease the transmission of preventable diseases, all children who attend Temple Beth Tikvah’s Early Childhood Education Center & Religious School should receive all of the recommended vaccines according to the Georgia State Department of Health requirement schedule (including dose 2 of the MMR by the age of 5). Children who have not been appropriately vaccinated will not be allowed to attend Temple Beth Tikvah’s Early Childhood Education Center or Religious School . Immunization certificates must be on file for registration to be complete and attend classes

DOCTOR INFORMATION

PEDIATRICIAN'S NAME: _____

PHONE: _____

ADDRESS: _____

INSURANCE INFORMATION

INSURANCE COMPANY _____

GROUP # _____ POLICY # _____

NAME OF INSURED _____

I acknowledge that all information listed above is correct, and that it is my responsibility to contact the school regarding any changes to my child's health, physician or immunization records. I agree to notify the school office if my child is exposed to any communicable diseases. I understand that before any medication is dispensed to my child, I must provide written authorization and submit the medicine in the original container with my child's name on it.

Signed _____ Date: _____

EMERGENCY INFORMATION**ALTERNATE EMERGENCY CONTACTS**

PLEASE LIST OTHER PERSONS AUTHORIZED TO CONTACT FOR GUIDANCE IN AN EMERGENCY WHEN THE PARENTS ARE UNAVAILABLE.

1. Name: _____

Phone: _____ Relationship to child: _____

2. Name: _____

Phone: _____ Relationship to child: _____

RELEASE INFORMATION

PLEASE LIST OTHER PERSONS TO WHOM TBT ECEC IS AUTHORIZED TO RELEASE YOUR CHILD. INCLUDE ANYONE OTHER THAN THE CUSTODIAL PARENTS, SUCH AS CARPOOLS AND ANYONE THAT MAY PICK UP YOUR CHILD IN A SPECIAL SITUATION OR EMERGENCY.

1. Name: _____ Phone: _____

Relationship to child: _____

2. Name: _____ Phone: _____

Relationship to child: _____

PLEASE NOTE THAT WE WILL REQUEST IDENTIFICATION BEFORE RELEASING YOUR CHILD.

If an emergency arises, and none of the people mentioned above can be contacted, I hereby give Temple Beth Tikvah ECEC permission to take whatever measure it feels proper and necessary.

Signed _____ Date: _____

Non-Prescription Medication Form

Child's Name _____

I hereby give Temple Beth Tikvah Preschool to administer the below over the counter medications with the prescribed by the parent with consultation from their pediatrician/medical provider.

____ Neosporin or similar cream

____ Topical Benadryl cream/After Bite

____ Children's liquid Benadryl Dosage _____

____ Children's chewable Benadryl Dosage _____

____ Other (parent needs to supply) & Dosage _____

School staff will communicate anytime non-prescription medication is given to a child.

****I release Temple Beth Tikvah from any liability from administering the above non-prescription medications.

Parent Signature _____ Date _____

Parent Signature _____ Date _____



TBT Volunteers Mandatory Reporting Acknowledgment:

The State of Georgia has changed the law which requires all volunteers to be mandated reporters. This means when a person who volunteers in a school or any program with children, they are mandated by law to report suspicions of abuse.

Child service organization personnel means: persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.

This document is provided to have every volunteer and staff member acknowledge his/her legal obligation to be a mandated reporter in cases of child abuse or neglect. Please read these provisions:

Temple Beth Tikvah is committed to keeping our children safe

How Many Children are Affected?

- Every 26 minutes, a child is the victim of abuse in Georgia (*Prevent Child Abuse Georgia*).
- 1 in 4 girls and 1 in 6 boys are sexually abused before their 18th birthdays.
- In more than 90% of sexual abuse cases the child and the child's family know and trust the abuser.
- Every day, 32 children are the victims of confirmed abuse or neglect.
- 174 incidents of child abuse and neglect are reported daily.
- 77 children died from abuse and neglect in 2010.
- On any given day, about 7,400 children are in the foster care system.
- 13,127 children came through the foster care system during state fiscal year 2011.

What is Child Abuse?

Child maltreatment includes all types of abuse and neglect of a child (by parent or caretaker) under the age of 18. Georgia law defines "child abuse" as: Physical injury or death inflicted upon a child by a parent or caretaker by other than accidental means; Neglect or exploitation of a child by a parent or caretaker; Sexual abuse of a child; Sexual exploitation of a child.

Does not include consensual sex acts between minors or between a minor and an adult who is not more than 5 years older than the minor; Physical forms of discipline (corporal punishment) may be used as long as there is no physical injury to the child.

There are four common types of abuse: Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect.

What do I have to do if I have to report?

- **Mandated reporters are NOT investigators**
- When a Child Discloses Maltreatment: Respect the child's need for confidentiality / Find a private place to talk;
- Provide reassurance and avoid value judgments
- Listen openly, calmly, with minimal interruptions
- Write down the facts and words as reported to you, in the child's own words
- Do not try to get all of the details
- Minimize the number of questions you ask
- Avoid the use of leading questions

- Report the disclosure

What Do I Report?

- “Reasonable cause to believe a child has been abused” Suspicions, not necessarily direct evidence
- Make the report even if you do not have *all* the information Name, age, address and current location of child
- Name and address of child’s parents or caretakers, if known
- Name and address of suspected perpetrator
- Location where maltreatment took place, if known
- The nature and extent of the child’s injuries
- Any other information the reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator

Rights of Mandated Reporters

- Anonymity or confidentiality
- Knowledge of the outcome *only* of a report
- Immunity for “good faith” report
- Penalty for NOT reporting: Any person or official required by Georgia law to report suspected cases of child maltreatment and who knowingly and willfully fails to do so shall be guilty of a misdemeanor

This is what I need to do as a Mandated Reporter at Temple Beth Tikvah, in compliance with the State Law and the policy advanced by TBT’s Board of Trustees:

- 1) Go to my Supervisor, Director of Congregational Learning, the Rabbi or the Cantor.
- 2) Provide them with the relevant information so that ONE OF THEM can document and report the necessary information. You will be listed as the mandated reporter, but our director or clergy will make the call.
- 3) If danger is imminent, call 911 or the Fulton County Department of Family and Children Services

Satellite office:

North Fulton Service Center, 6075 Roswell Road, NE, Suite 300, Atlanta, Georgia 30328,
404-252-2180

<http://dfcs.dhs.georgia.gov/>

If after hours/weekend, call the DFCS toll-free line: 1-855-GA CHILD or 1-855 422-4453 (open 5:00 p.m. – 8:00 a.m. weekdays / 24 hours on the weekend, holidays and furloughs)

I acknowledge my legal responsibility to be a mandated reporter and acknowledge the policy and procedures of Temple Beth Tikvah.

Print Name _____

Sign Name _____

Date _____

The Early Childhood Education Center at Temple Beth Tikvah

PARENT'S CODE OF CONDUCT

As my child's most important educator, I understand that I teach my child best by my own example of reverence, responsibility, and respect. I understand the ECEC is dedicated to serving my family and nurturing Jewish values. These values include (but are not limited to):

KAVOD (respect)

CHESED (kindness)

AHAVAH (love)

KEHILLAH (community)

DIBUK CHAVARIM (degree to which we honor and treat friends)

I will partner with the ECEC to instill these values in my child and in order to show my cooperation, support, and thankfulness...

- I will set a good example in my own speech and behavior.
- I will show respect for the teachers and any other adult in authority in front of my child at all times regardless what I may think of their actions or say to them in private.
- I will stop rumors. I will go through the proper channels when I have a problem.
- I will speak respectfully and with kindness and courtesy to other parents in front of students, especially when there is any disagreement.
- I will follow the school's rules, calendars, and deadlines even when I may disagree.
- I will supervise my child at drop off and pick up time.
- Recognizing that the sanctuary is a holy place, I will do my best to instill in my child a sense of Kavod (respect), this means not standing on the pews, not running up and down the aisles, not carrying on conversations, etc.
- I will supervise my child even when I am socializing during communal celebrations such as, Family Shabbat, Thanksgiving Feast, Chanukah Celebration, and any other function in which I am attending with my child.
- I will keep these values in mind and model these ideals for my child while attending functions where other ECEC families are also attending.

I will abide by this code of conduct and the Parent Handbook while my child is enrolled in the Early Childhood Education Center. This Code of Conduct was developed to promote a positive Jewish learning environment based on the Jewish values that we hold so dearly.

Parent or Guardian Name Printed _____

Parent or Guardian Name Signed _____

Date _____

The Early Childhood Education Center at Temple Beth Tikvah
Publicity Release:

Please circle your choice:

I do / do not give permission for my child to be photographed by the teachers or director of Temple Beth Tikvah's Early Childhood Center.

I do / do not give permission for my child's photograph to be displayed within Temple Beth Tikvah's Early Childhood Center. This includes, but is not limited to, wall displays, bulletin board displays, class books, art projects, etc.

I do / do not give permission for my child's photograph to be displayed on Temple Beth Tikvah's website and/or The Early Childhood Center's website (no names or other information will be used.)

I do / do not give permission for my child's photograph to be posted to the Early Childhood Center's Facebook page- (no names or other information will be posted.)

I do / do not give permission for my child to be videotaped and posted to You Tube- (no name or other information will be used.)

I do/ do not give permission for Temple Beth Tikvah's Early Childhood Center to use audio of my child- (no name or other information will be used.)

Child's Name: _____

Parent's Name: _____

Parent's Signature : _____

Date: _____

Handbook Acknowledgement Form 2020-2021 School Year

Temple Beth Tikvah Preschool meets the criteria for exemption from state licensure under the following categories:

- 1) Nursery/Playschools/Kindergartens/Other Educational Programs, four (4) Hours per Day, Ages Two (2) Years to Six (6) Years
- 2) Mother's Morning Out. Children may attend no more than four (4) hours a day and no more than eight (8) hours per week

Temple Beth Tikvah maintains liability insurance that covers all school operations. I understand that Temple Beth Tikvah Preschool has an exemption from state licensing.

I have read and understand the policies and procedures outlined in the Family Handbook. I agree to abide by the policies, rules, and regulations therein.

Child Name(s): _____

Parent Signature: _____

Date: _____

Print Name: _____

Please sign this page of the handbook and return to the Preschool Office.

Your child's file is not considered complete without this form.

