

## 2021 TBI SUMMER FUN PROGRAM APPLICATION AND AGREEMENT

\*Office Use Only: Deposit: Ck #

<b>Child's Name:</b>	<b>Sex: M / F / O</b>	<b>Birthdate:</b>
<b>Address:</b>	<b>Home Phone:</b>	
<b>Parent 1 Name:</b>	<b>Parent 1 Email:</b>	
<b>Parent 1 Cell:</b>	<b>Parent 1 Business Phone:</b>	
<b>Parent 2 Name:</b>	<b>Parent 2 Email:</b>	
<b>Parent 2 Cell:</b>	<b>Parent 2 Business Phone:</b>	
<i>Does your child have any known physical, medical, emotional, developmental or language conditions or delays? If so, please specify:</i> <hr/>		<b>Allergies:</b>
<i>Does your child receive any services: If so, please specify:</i> _____		

The summer program is a seven week program beginning on June 28<sup>th</sup> and ending on August 13<sup>th</sup>. We are closed on Friday, July 2<sup>nd</sup> and Monday, July 5<sup>th</sup>. Please circle your desired program, read and sign the back and return this Application and Agreement along with a \$350 deposit.

CLASS	DAYS	TIME	MEMBER	NON-MEMBER
<b>Two Year Old Class (2 years by 12/1/21)</b> <i>*full separation class</i>	2 days: Tues/Thurs	10:00 - 12:00	\$735	\$885
	3 days: Tues/Wed/Thurs	10:00 - 12:00	\$990	\$1,150
<b>Three Year Old Class (3 years by 12/1/21)</b>	3 days: Tues/Wed/Thurs	9:30 - 1:30	\$1,500	\$1,765
	4 days: Monday-Thursday	9:30 - 1:30	\$1,875	\$2,180
	5 days: Monday - Friday	9:30 - 1:30	\$2,340	\$2,730

- 10% sibling discount applied to the lower tuition amount.

( Over )

Temple Beth Israel Preschool School is Licensed by the NYS Office of Children and Family Services

Temple Drive, Port Washington, NY 11050-3915 | Tel: 516-767-1708 | Fax:516-944-6461 | www.tbiport.org

# TEMPLE BETH ISRAEL PRESCHOOL AGREEMENT

## 2021 SUMMER PROGRAM

I understand and agree to the following:

1. I will submit a deposit per child made payable to Temple Beth Israel in the amount of \$350 with my application. I understand that this deposit is non-refundable and non-transferable. Full payment is due by June 1<sup>st</sup>.
2. TBI Synagogue membership is not required for enrollment in TBI Summer Program. However, I understand that I must maintain TBI Synagogue membership in good standing in order to receive membership rates and priority registration. All outstanding TBI Synagogue balances must be paid before priority registration will be permitted.
3. No refunds, credits or cancellations of fees will be given for school closings or extended vacations. There are no makeup days for personal absences.
4. TBI Preschool reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety, or emotional problems that the school deems may endanger the welfare of the children
5. I understand that class placement is at the discretion of the TBI Preschool Director. If my child is receiving special services (speech, OT, PT, SEIT, etc.), has a(n) medical or emotional condition, or a developmental or language delay, I will inform the TBI Preschool Director prior to registration to help determine the proper class placement.
6. If my child requires continuous individual attention, the TBI Preschool Director and teacher will meet with me (child's parent) to discuss how my child can remain at the Summer Program. If it is determined that my child needs an aide, all expenses required for the additional staff member and not covered by the Port Washington school district will be paid by me (child's parent).
7. I give unconditional permission to Temple Beth Israel to photograph, and/or video members of my family. (Please note: no one will be identified by name.) Additionally, I grant permission for Temple Beth Israel to utilize the photographs and videos in brochures, print and electronic media. Please initial: \_\_\_\_\_I agree \_\_\_\_\_I do not agree.
8. Start of camp will be subject to COVID-19 guidelines.

I have read the Temple Beth Israel Preschool Summer Program Agreement in full and will comply with the provisions above.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_