

2022 - 2023 ACADEMIC YEAR APPLICATION AND AGREEMENT

(Register by 12/31/21 and receive a \$200 credit)

*Office Use Only: EB / RR Deposit: Ck # _____

Registration Date:	Sex: M / F / O	Birthdate:
Child's Name:	Address:	
Parent 1 Name:	Parent 1 Email:	
Parent 1 Cell:	Parent 1 Business Phone:	
Parent 2 Name:	Parent 2 Email:	
Parent 2 Cell:	Parent 2 Business Phone:	
<p><i>Does your child have any known physical, medical, emotional, developmental or language conditions or delays? If so, please specify:</i></p> <p>_____</p> <p><i>Does your child receive any services? If so, please specify:</i></p> <p>_____</p> <p><i>Which elementary school is your child zoned for?</i> _____</p>	Allergies:	

Please circle desired program on the chart below and enclose your non-refundable, non-transferable deposit of \$800.00 with this registration. A ten percent (10%) sibling discount will be applied to the lowest tuition amount.
Make Deposits Payable To: TEMPLE BETH ISRAEL

CLASS	DAYS	TIME	Regular Rate MEMBER	Regular Rate NON-MEMBER
Toddlers (2 years by 12/1/22)	3 days: Mon/Wed/Fri	9:30 - 12:30	\$5,600	\$6,750
	5 days: Monday-Friday	9:30 - 12:30	\$8,000	\$9,300
Three-Year-Old Class (3 years by 12/1/22)	5 days: Monday-Friday	9:15 - 1:15	\$7,200	\$8,650
Pre-K Class (4 years by 12/1/22)	5 days: Monday-Friday	9:00 - 2:00	\$8,900	\$10,000
FOR STUDENTS ENTERING PRE-K/PORT WASHINGTON UNIVERSAL PRE-K PROGRAM: I reside in the Port Washington school district. I give permission for my child's name to be submitted to the district UPK lottery. If selected for the UPK program, I understand that grant allocation is contingent on participation for the full academic year and will be applied to my account when Temple Beth Israel receives disbursement from the district.				Initial Here: _____

(Over)

TEMPLE BETH ISRAEL PRESCHOOL AGREEMENT

2022-2023 ACADEMIC YEAR

I hereby enroll my child in Temple Beth Israel's Preschool. Please initial your choice of payment plan below.

PAYMENT PLAN OPTIONS: First payment is April 1, 2022 1. Three equal payments due on or before April 1, 2022, August 1, 2022 and December 1, 2022 2. Ten equal payments on the 1 st of each month beginning April 1, 2022 through January 1, 2023	Initial Here: _____ _____ _____
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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 \$800.00 with my application. **I understand that this deposit is non-refundable and non-transferable.**
2. The obligation to pay the tuition for the full academic year is unconditional. Prior to June 30, 2022, all tuition paid, less the deposit, will be refunded in the event of the withdrawal of my child from the school. No portion of any fees paid (deposit and/or tuition) will be refunded or cancelled after June 30, 2022 for any reason whatsoever.
3. I am responsible for the total tuition regardless of absences. 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. If any tuition payment is more than one month in arrears during the 2022-2023 academic year, my child will not be permitted to attend the program until my account is made current. In addition, a \$20 service fee will be added to the outstanding balance in any month that the payment is not made within 30 days of its due date. Between April 2022 when payments begin and September 2022 when classes begin, if my account is more than 30 days in arrears, my child's placement in the program will no longer be guaranteed and my deposit may be forfeited.
5. TBI Preschool reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety, or emotional challenges which the school deems may endanger the welfare of the children. In such event, tuition will be pro-rated for the period attended, unless termination is due to non-payment of tuition. In that instance, I will make payment in full no later than January 15, 2023.
6. TBI Synagogue membership is not required for enrollment in TBI Preschool. 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.
7. I understand that class placement is at the discretion of the 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 Preschool Director prior to registration to help determine the proper class placement.
8. If my child requires continuous individual attention, the Preschool Director and teacher will meet with me (child's parent) to discuss how my child can remain at the Preschool. 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).
9. I give unconditional permission to Temple Beth Israel to photograph, and/or video member(s) 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.

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

Signature of Parent or Guardian _____ Date _____