

BETH EL EARLY CHILDHOOD CENTER 2021—2022 REGISTRATION

Child's Last Name		First Name		• Member • Non-Member		• Male		• Female	
Address				City		Zip		Home Phone	
Child's age as of Aug. 31, 2021		Birth Date		List any health problems, allergies or special needs					
Guardian 1		Cell Phone		Business Phone		Email Address			
Guardian 1 address if different from the child's				City		State		Zip	
Guardian 2		Cell Phone		Business Phone		Email address			
Guardian 2 address if different than the child's				City		State		Zip	
Marital Status • Married • Single • Divorced • Separated • Widowed • Other									

AS A PARENT/LEGAL GUARDIAN OF THE STUDENT INDICATED ABOVE, I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:

1. Registration cannot be processed without the full appropriate deposit or if there is an outstanding balance. Registration fees are non-refundable.
2. The annual tuition cost is divided by 10 equal payments – August 2021 – May 2022. Year-round tuition is divided by 12 equal payments – June 2021 – May 2022. Payment is due on the 1st of the month.
3. I am contractually obligated to pay the tuition, even if my child misses school for illness or vacation.
4. There are no allowances made for absences or for school holidays.
5. **If circumstances arise that need me to remove my child from the program, I understand that 30 days written notice needs to be given.**
6. **If I do not give a month's notice, I understand that I will be billed for that month. I agree to use my credit card on file for this purpose.**
7. Every child must have a current medical emergency form (blue card), including a copy of child's immunizations, on or prior to the 1st day of school.
8. The Beth El Early Childhood Center may use any photo, slide or quote privately and/or in Beth El publications and general media.
9. My name, phone number and email address may be used in the Beth El Early Childhood Center directory and email lists.
10. I authorize the Beth El Early Childhood Center to take my child out on walking tours around the Beth El campus and give permission for my child to attend Beth El supervised field trips (3's & Pre-K).

PAYMENT OPTIONS

Payment arrangements MUST accompany this registration form along with the registration fee.

• I choose to pay monthly by credit/debit card (Visa, Master Card, Discover) in the amount of \$ _____ on the first day of each month from June 2021 through May 2022 for year round and from August 2021 through May 2022 for 10 months.

\$15.00 fee will be automatically charged to your account for any declined credit/debit card.

Card # _____ Exp. Date _____ Security Code _____

Signature authorizing credit card charge _____ Date _____

• I choose to pay monthly by check in the amount of _____, and hereby submit post-dated checks for each month of the school year on or before August 5, 2021.

In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by Beth El. I hereby agree to in no way hold Beth El, its agents or employees liable for loss of damaged belongings or injury that my child may sustain. I have read and understood the above statement. I agree to the above policies.

Signature of parent/legal guardian

Date