

# Help Barnert Temple get to know you better:

Questions in **BOLD** are needed to complete the application.  
All other responses provide us with information that helps us to create community.

<p><b>Name of Parent 1:</b></p> <p>_____</p> <p>Date of birth: _____ (so we can wish you happy "big" birthdays)</p> <p>Wedding anniversary: _____ (same idea as above)</p> <p><b>Religious Tradition:</b></p> <p><input type="checkbox"/> Jewish    <input type="checkbox"/> Other*</p> <p>If you would like us to record family <i>yahrzeits</i>, please visit the Temple office and share the names and dates.</p> <p>_____</p> <p>_____</p>	<p><b>Name of Parent 2:</b></p> <p>_____</p> <p>Date of birth: _____ (so we can wish you happy "big" birthdays)</p> <p>Wedding anniversary: _____ (same idea as above)</p> <p><b>Religious Tradition:</b></p> <p><input type="checkbox"/> Jewish    <input type="checkbox"/> Other*</p> <p>If you would like us to record family <i>yahrzeits</i>, please visit the Temple office and share the names and dates.</p> <p>_____</p> <p>_____</p>
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\*If you are not Jewish and would like to tell us more about your faith or cultural background, please do. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check box if you would like to come in and meet with a member of our Religious Education Staff.



**Barnert Temple Preschool**  
747 State Route 208 South  
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201.848.1027  
schooloffice@barnerttemple.org

# Preschool/Kindergarten School Year 2018-2019



## Application and Enrollment Contract

### Family Information

**Parent 1** (Name with title) \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Company name \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_

**Parent 2** (Name with title) \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Company name \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_

**Home Address** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Status:  Married  Single  Domestic Partner  Separated \*  Divorced \*  Widow/er

\* If separated or divorced, please attach written information on custody status and financial responsibilities for Preschool and Membership.

### Children's Information

**Child 1** Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Hebrew Name \_\_\_\_\_ Gender \_\_\_\_\_

My child has the following known allergies \_\_\_\_\_  
 My child requires an Epi Pen. I understand that I must make one available to the school office.

**Child 2** Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Hebrew Name \_\_\_\_\_ Gender \_\_\_\_\_

My child has the following known allergies \_\_\_\_\_  
 My child requires an Epi Pen. I understand that I must make one available to the school office.

### Emergency Contact and Authorized Pick-Ups

(Please notify these people that they are on your emergency contact list.) Please list individuals that we may call in the event of an emergency if we cannot reach you and, check off any that are authorized to pick up your child(ren) in your absence.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Authorized to pick up? Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Authorized to pick up? Yes  No

All policies are taken from the Parent Guide (which is available on our website.)

In order to be sure that our warm environment is also a fair, safe and responsible one, each family must read, check off, and sign the following:

## I understand that:

- Morning session begins promptly at 9:00 a.m. To allow teachers to set up, children may begin to enter their rooms no sooner than 9:00 a.m. Lateness is highly discouraged. It disrupts the classroom, and takes away from my child's learning time. I will have my child hang up his/her coat and bag, and wash his/her hands with soap before coming to class.
- An "Informational Statement" can be found on page 21 of the Parent Guide. It states that I have the right to visit and observe the center at any time.
- Tuition payments are expected on or before their due date, and there is a late fee of \$50 for each late payment. There is no credit or refund for illness, holidays, vacations, early withdrawals or school closings due to weather or other emergencies. Make-up days will NOT be scheduled.
- Barnert has every hope that my child will enjoy a full year in the preschool. However, in the event that I choose/need to withdraw my child from the preschool before the end of the school year, I am obligated and expected to pay tuition for the entire school year.
- It is the goal of Barnert Temple never to have to expel a student. In keeping with New Jersey's child care center licensing requirements, the preschool is obligated to provide me with information regarding their expulsion policy. The expulsion policy is on page 17 of the Parent Guide.
- Security is of utmost importance to the Barnert Temple. If I lose or misplace my access key ("fob,") I must tell the office immediately so that they can cancel the code. I will be billed a \$25 replacement fee.

## Permission

- I give permission for the staff of Barnert Temple to photograph or video tape my child for educational, evaluative, or publicity purposes. (All attempts are made to not identify the children by name or residence for safety purposes.)
- I give permission for my child to take carefully supervised walks around the property immediately surrounding the Temple building.
- I give permission for a staff member to re-apply the clearly labeled sunscreen I send in for my child.

## Medical Information

- Every child has a right to be in a healthy school environment. Therefore, parents must not send sick children to school. Refer to page 16 in the Parent Guide (which is taken from the State of NJ 10:122-7.11) for a list of symptoms which indicate when the child should not be in school. If a teacher sees that my child has developed symptoms while at school, I will be asked to pick up my child.
- My child may not come back to school until he/she is completely symptom free for 24 hours or have a doctor's note.
- My child must be up to date with all state-required immunizations and must be covered by medical insurance in order to attend school. Barnert Temple is not responsible for your child's medical coverage.
- In the event that my child(ren) requires medical care while he/she is under the Barnert Temple school's jurisdiction, and I or any of my emergency contacts cannot be reached, I hereby authorize the doctor and/or hospital to which he/she may be brought, to perform all necessary procedures and render any indicated treatment, if in the opinion of said doctor the same is necessary.

Name of medical insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

### Parental Agreement

I read and agree to all information above. \_\_\_\_\_  
Signature

## Classes, Schedules and Tuition

- Olam Baby.** For babies 6 weeks to 12 months with their parent; Meets on Fridays from 9 to 10:15 am. One-time charge of \$100 for the year.
  - ShabbaTot.** For children under 20 months with their parent; Meets on Fridays from 9 to 10:15 am. One time charge of \$300 for the year.
  - Shabbat in the Forest.** Kindergarteners; Fridays 1:30-4 pm.
    - **Little Sprouts.** Must be 15 months to begin class; minimum of 2 half-days.
    - **Rising Stars.** 2-3 year olds; DOB 10/2015 – 9/2016; minimum of 2 half-days.
    - **Big Shots.** 3-4 year olds; DOB 10/2013 – 9/2015; minimum of 3 half-days.
    - **Fantastics.** 4-5 year olds; DOB 10/2013 – 9/2014; minimum of 5 half-days.
    - **Transitional Kindergarten.** Full days M-F, 9 am – 3 pm. Call for more information.
    - **Half days.** Mornings 9 am – 12:30 pm or Afternoons 11:30 am – 3 pm.
    - **Extended Care.** 8-9 am and/or 3-4 pm. \$15 per hour.
1. First choose the schedule you prefer.
  2. Enter your child's name next to the schedule you chose. If you have two children with the same schedule, just put both names in the box.
  3. Only for 3 half & 2 full days\*, indicate which are the full days.

Choose Schedule	Choose Days/ Mark Full or Half	Child(ren)'s Name(s)	Class Name	Yearly Tuition
2 half-days, mornings	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$4279
3 half-days, mornings	M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/>			\$6316
3 half-days, afternoons	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$4928
4 half-days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$7254
5 half-days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$8455
*3 half & 2 full days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$9479
2 half & 3 full days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$9915
Full-day Transitional Kindergarten	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$11317
Shabbat in the Forest ***			F <input type="checkbox"/>	\$1400/\$1750
Olam Baby ***			F <input type="checkbox"/>	\$100
ShabbaTot ***			F <input type="checkbox"/>	\$300
To add one extra afternoon	M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/>			\$1400

**Other fees: \*\*\*The fees listed below do not apply to Shabbat in the Forest, Olam Baby or ShabbaTot.**

\$500 – A \$500 deposit, per child, is required with application submission (nonrefundable)

\$375 – Security fee per family

\$675 – Membership for families with one or more Jewish parent

\$675 – Preschool Facilities Usage Fee for non-Jewish families

### I agree to pay tuition fees as follows:

- In full by June 1. Check or credit card. (If you pay in full, we will waive the 3% credit card fee.)
- In four payments by credit card. (Your card will automatically be charged on or about 6/1, 8/1, 10/1, 12/1.)
- In four payments by check or cash on 6/1, 8/1, 10/1, 12/1.
- In monthly payments, either by credit card (automatically) or by check or cash, from June 2018 through May 2019.

**Please note:** All credit card charges (unless full payment) will incur a 3% credit card fee. A late fee will be charged if payment is not received by the 10th.