



**BETH JACOB PRESCHOOL  
INDIVIDUAL REGISTRATION FORM  
2019-2020 SCHOOL YEAR**  
(one per child)

Please fill out this registration form COMPLETELY. Thank you.

Child's Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's Cell Phone:** \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_ Jewish from birth? Yes \_\_\_\_\_ Conversion \_\_\_\_\_

Mother's Street Address (if different from the child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Father's Cell Phone:** \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_ Jewish from birth? Yes \_\_\_\_\_ Conversion \_\_\_\_\_

Father's Street Address (if different from the child's): \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Living Arrangements (check one): Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Child's Legal Guardian/s (check one): Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Does your child keep Cholov Yisroel: Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY & MEDICAL CONTACT INFORMATION**

In the event of illness, injury or an emergency where the parents cannot be reached, the following people can be contacted:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Physician/Clinic:** \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information (in case of emergency) \_\_\_\_\_

## MEDICAL INFORMATION

Is there any medical/family/physical/special need information you think we should know about your child?

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My child has received evaluation or therapy from the following services:

Developmental Pediatrician  OT  PT  Speech  Psychologist  Hearing  Vision

How can Beth Jacob Preschool best address your child's needs? \_\_\_\_\_

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### MEDICAL EMERGENCY TREATMENT AUTHORIZATION

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event of an emergency requiring medical attention for my child, and if I cannot be reached, or when delay would be dangerous to my child's health, I hereby authorize Beth Jacob Preschool to transport my child to the nearest medical facility and/or hospital. I hereby authorize Beth Jacob Preschool to secure for my child the necessary medical treatment. I shall assume responsibility for payment for services.

\_\_\_\_\_ Please initial here.

### ON-GOING MEDICATIONS

My child is currently taking on-going medication(s) and has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_.

This medication must be administered during Preschool hours. Yes  No

If yes, please describe the dosage and specific instructions (with/out food etc.): \_\_\_\_\_

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\_\_\_\_\_ Please initial here.

### ALLERGIES

Yes  No  (If yes, please check all that apply)

Tree nuts (walnuts, almonds, pecans, etc.)

Fish/shellfish

Eggs

Peanut or nut butter

Soy products

Milk

Plants

Animals

Insects

Medicine

Asthma

Hay fever

Other \_\_\_\_\_

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Please describe the allergic reaction and the treatment for each allergy checked:

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**PARENTAL AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS 590-1-1-.20(1)**

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. When applicable, please request an authorization form from the office, or access the authorization form online which will include: date, full name of the child, name of the medication, prescription number, dosage (dates and times) while in school and signature of parent.

\_\_\_\_\_ Please initial here.

**NON-EMERGENCY MEDICATION**

I give Beth Jacob Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container:

- |  |                                    |
|--|------------------------------------|
| _____ Baby Wipes                         | _____ Insect Repellent             |
| _____ Band-aids                          | _____ Non-Prescription ointment    |
| _____ Neosporin or similar ointment      | (such as A & D, Desitin, Vaseline) |
| _____ Bactine or similar first aid spray | Other (please specify)             |
| _____ Sunscreen                          | _____                              |

\_\_\_\_\_ Please initial here.

**ADDITIONAL CHILD INFORMATION**

Sibling's names and ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet's name(s) and animal types: \_\_\_\_\_

Please tell us about your child. Include his/her personality, temperament, eating habits, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CARPOOL PICK UP INFORMATION**

Please list any family members, nannies, babysitters or friends that may be picking your child up from school.

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Please initial here.

## PARENT AGREEMENT WITH BETH JACOB PRESCHOOL

I understand that Beth Jacob Preschool is run under Bright from the Start licensing. \_\_\_\_\_ **Please initial here.**

According to Bright from the Start, our state licensing agency, we must have signed parental agreement for mixed age classrooms. Therefore, I agree for my child to be in the same classroom as other children of different ages, for example in the case of early morning drop off or after care. \_\_\_\_\_ **Please initial here.**

I give my permission for taking my child's photograph/video that might be used on Beth Jacob's website page and/or publicity materials. YES: \_\_\_\_\_ NO: \_\_\_\_\_ **Please initial here.**

I give permission for my address, phone number and email to be released to other Beth Jacob Preschool families. This is used primarily for a Preschool Directory as well as to give to parents for birthday party invitations. YES: \_\_\_\_\_ NO: \_\_\_\_\_ **Please initial here.**

I understand that before my child starts school that I must provide (or give access to) up-to-date immunization records. (Note: Beth Jacob Preschool has legal and confidential access to all child immunization records.) **YOUR CHILD MUST HAVE CURRENT IMMUNIZATIONS TO ATTEND BETH JACOB PRESCHOOL ON THE FIRST DAY THAT HE/SHE WILL ATTEND BETH JACOB PRESCHOOL. BETH JACOB PRESCHOOL CAN ACCESS YOUR CHILD'S CURRENT CERTIFICATE OF IMMUNIZATIONS from the Georgia Department of Public Health (form 3231).** \_\_\_\_\_ **Please initial here.**

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, carpool retrievers and immunization records, etc. \_\_\_\_\_ **Please initial here.**

Beth Jacob Member: Yes \_\_\_ No \_\_\_ Synagogue Affiliation: \_\_\_\_\_

If you are not a member, may a Beth Jacob representative contact you about possible membership? Yes \_\_\_ No \_\_\_

## PRESCHOOL TUITION FEE SCHEDULE FOR 2019-2020

Tuition Rates 2019-20	Per Year	Per Year
	Member	Non-Member
<b>Half Day</b>	<b>\$33</b>	<b>\$40</b>
Two days	\$2,600	\$3,400
Three days	\$3,700	\$4,500
Four days	\$4,600	\$5,600
Five days	\$5,500	\$6,700
<b>Full Day</b>	<b>\$51</b>	<b>\$64</b>
Two days	\$4,300	\$5,600
Three days	\$5,700	\$7,200
Four days	\$7,100	\$8,850
Five days	\$8,500	\$10,500
<b>Before Care/After Care</b>		
<b>Before Care 7:30-8:45am @\$5/day</b>	\$825	\$825
<b>After Care until 4:00 M-F* @\$8/day</b>	\$1,192	\$1,192
<b>After Care until 5:30, M-Thurs @\$15/day</b>	\$1,980	\$1,980
<b>After Care, Fridays until 4 @\$8/day</b>	\$128	\$128

**My child will attend BJ Preschool during these hours: (check all that apply)**

<b>Before Care</b> <b>7:30-8:45am</b>	<b>Half Day</b> <b>8:45am-1pm</b>	<b>Full Day</b> <b>8:45am-3pm</b>	<b>After Care</b>	
			<b>Until 4</b>	<b>Until 5:30</b>
___ All 5 Days	___ All 5 Days	___ All 5 Days	___ All 5 Days	___ All 5 Days
___ Monday	___ Monday	___ Monday	___ Monday	___ Monday
___ Tuesday	___ Tuesday	___ Tuesday	___ Tuesday	___ Tuesday
___ Wednesday	___ Wednesday	___ Wednesday	___ Wednesday	___ Wednesday
___ Thursday	___ Thursday	___ Thursday	___ Thursday	___ Thursday
___ Friday	___ Friday	___ Friday	___ Friday	___ Friday
<b>*We will not have After Care on Fridays beginning October 25. After Care will resume on March 13.</b>				

**Total Yearly Tuition for this child:    \$ \_\_\_\_\_**

**Through FACTS Tuition Management**

**I intend to pay for tuition directly to Beth Jacob Preschool:**

- I will provide post-dated checks: \_\_\_\_\_ one for the entire year    \_\_\_\_\_ quarterly    \_\_\_\_\_ monthly
- I will provide a credit card to have on file for monthly tuition charges (which will incur a 3% service fee)
- I will utilize an Automated Fund Transfer through my bank

## TUITION AND POLICY AGREEMENT

Parent Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enter Preschool Tuition Payment Amount (before scholarship): \$ \_\_\_\_\_

Total Amount to be charged (after scholarship): \$ \_\_\_\_\_

\_\_\_\_\_ **FINANCIAL OBLIGATIONS:** Enrollment is confirmed after receipt of completed application the non-refundable application fee of \$200 and financial agreements have been completed.

\_\_\_\_\_ **MEMBER RATE:** Tuition will be charged at the member rate for families who maintain full membership status and are current in their Beth Jacob dues as of June 2019 when billing for the year is established. Annual financial obligations to Beth Jacob must be kept current throughout the school year. Families who become Beth Jacob members after the start of the school year will receive the member tuition rate for the remainder of their tuition once their first dues payment has been submitted. Members who do not remain in good standing, as determined by Congregation Beth Jacob, are at risk for their tuition reverting to the non-member rate.

\_\_\_\_\_ **WAIVER:** For themselves, their agents and their children, parents, by entering their signatures below on this form, waive any and all claims of every nature and description they, their agents or their children may have in the future against Congregation Beth Jacob Preschool, its administrators, teachers, employees or agents related to the Preschool unless such claims arise from the intentional wrongful acts or gross negligence of those parties otherwise released.

By signing below, you commit to paying the full year's tuition as indicated by your program selection(s) on this application (except in the case of relocation away from the Atlanta metro area). Per Rabbi Ilan Feldman, your signature below enters you into a halachically binding contract with the synagogue. The synagogue will enforce this responsibility fully.

All previous made financial arrangements with Beth Jacob Preschool are null and void. If you need to apply for financial assistance, please fill out the Application for Scholarship located at the end of this registration form.

By signing this document, I agree to have my child up-to-date with his/her immunizations before the first day of school.

I hereby register my child as a student of Congregation Beth Jacob Preschool and agree to abide by all school rules and regulations, as outlined in the Beth Jacob Preschool Handbook.

This page must be signed in order for your child to attend Beth Jacob Preschool.

**Attached is a non-refundable application fee of \$200 which will be applied to tuition. Applications will be accepted only with an attached check made out to Beth Jacob Preschool.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Scholarship

If you are seeking a scholarship for tuition at Beth Jacob Preschool, please follow these directions carefully. Please know that each scholarship application will be kept in complete confidence. We will be utilizing FACTS to assist us in determining eligibility for scholarship. Even if you do not choose to use FACTS as your payment for tuition, we will still need you to complete **ALL** the information in FACTS to help us best assess your financial aid.

### Steps in applying for scholarship:

1. Sign into FACTS. Follow all instructions from FACTS to apply for grant/aid. Use this link to help you sign up: <https://online.factsmgt.com/ga/aid/inst/3GDKH>. Their customer service phone number is 866-441-4637.
2. Please check your FACTS account regularly to make sure that all the required information has been submitted and completed.
3. Once all your information has been submitted in FACTS and your registration has been submitted along with your \$200 registration fee to the Preschool office, your application for scholarship will be reviewed by our BJ Preschool Scholarship Committee.
4. **All fully completed applications for scholarship must be received by 5pm, Monday, March 25, 2019. No additional scholarships will be awarded after that date for the 2019-20 school year.**

The decision for scholarship awards will be given by Monday, May 13, 2019 and will be notified on Tuesday, May 14, 2019 via email.

Child's Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

- I have completed all the necessary forms through FACTS.
- I have completed my application in full.
- I have attached a \$200 non-refundable registration fee which will be applied to my tuition.

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Parent Signature

Date