



TEMPLE SINAI
EARLY CHILDHOOD EDUCATION CENTER
Registration Form
2019-2020

Office Use Only

Child's Name _____ Gender Male Female

Birth Place: _____ Birth date ____/____/____ Age as of 8/31/19 ____ ____
City and Country (mo. day year) yrs. mos.

Home Address _____ Home Phone Number _____

Child's Current School _____ Parents' Country of Origin _____

Primary Language Spoken at Home _____ Does your child speak English? _____

Please check the appropriate box. We adhere to the September 1 cutoff date. For example, to enter PK2, a student must be two years old before August 31, 2019.

ECE hours: Half Day.....9:00 a.m. – 12:30 p.m.		Full Day.....9:00 a.m. – 3:00 p.m.	
A	TODDLER GRADUATE SCHOOL (TGS) (18-24 months) <input type="checkbox"/>	5 half days <input type="checkbox"/>	5 full days <input type="checkbox"/>
B	PK 2 (24-36 months) No Toileting requirements <input type="checkbox"/>	5 half days <input type="checkbox"/>	5 full days <input type="checkbox"/>
C	PK3 (36-48 months) Must be toileting independently <input type="checkbox"/>	5 half days <input type="checkbox"/>	5 full days <input type="checkbox"/>
D	PK4 (4 years old) <input type="checkbox"/>	5 full days <input type="checkbox"/>	

Parent 1
 Name _____
 Address (if different from above) _____

 City, State Zip _____
 Home # _____
 Cell # _____ Work # _____
 Email Address _____
 Religion _____

Parent 2:
 Name _____
 Address (if different from above) _____

 City, State Zip _____
 Home # _____
 Cell # _____ Work # _____
 Email Address: _____
 Religion _____

Are you a Temple Sinai Partner (member)? Y _____ N _____
 May we contact you about Partnership at a special ECE rate? Y _____ N _____

ACKNOWLEDGEMENTS

Please initial and sign where indicated

Initial

I. Placement

There are many factors that determine class placement , including date of registration, birthdates, boy-girl ratio, specific dismissal time, and, if applicable, children’s interactive behaviors and compatible chemistry developing a well balanced group. We welcome any information about your child that you feel could help us determine placement. Temple Sinai’s ECEC faculty comprises caring and committed educators and it is within our purview to make class room assignments . Our mission is finding the best educational environment to optimize your child’s growth and learning. We thank you for your cooperation.

Initial

II. No Refund Policy

I/We understand and accept that Temple Sinai of North Dade Inc. DOES NOT REFUND REGISTRATION FEES, DEPOSITS, TUITION FEES, OR ANY OTHER PAYMENTS TO THE SCHOOL, if we decide to remove our child(ren) from the school after registration, except in the following circumstances: where the school has counseled us to withdraw our child; where we had hoped to move to the area but are no longer able to do so; or where we are moving away from the area for a job or to make *aliyah*. Refunds will be issued if there is insufficient class enrollment.

Initial

III. Payment Acknowledgement

It is agreed that payments of all tuition and fees will be received on time. It is understood that Temple Sinai of North Dade Inc. has the right and responsibility to make every effort to assure the on time collection of all outstanding balances due and may, in cases of non-compliance, elect to terminate the relationship. I/We agree to pay all costs of collection, including reasonable attorney’s fees, in the event that any payment hereunder is not timely made and it becomes necessary to utilize the services of an attorney, whether the matter be brought to arbitration or not.

Initial

IV. Name, Photograph Information

I/We agree to allow my child’s name, photograph, and information to be used by the school in the school’s publications, videos, promotional materials and website, without compensation and without prior notice. I release and hold the school harmless from any liability stemming from the use of my child’s name, photograph, or information.

Initial

V. Records

I/We hereby consent and hold the school harmless for the release of my child’s records and information upon request by an educational institution or law enforcement agency. I also release and hold the school harmless from any liability stemming from the use, disclosure or release of my child’s records or information.

VI. Binding Arbitration and Prevailing Party Status

We believe that arbitration is the most appropriate way to resolve any dispute that may arise between Temple Sinai of North Dade Inc. and you. By signing this application, you and Temple Sinai agree that any and all disputes arising out of or related to your child’s enrollment in Temple Sinai, or to any other aspect of the relationship between you and/or your child, on the one hand, and Temple Sinai or any of its employees, on the other, shall be heard and determined exclusively by final and binding arbitration before a single arbitrator under the Commercial Arbitration Rules of the American Arbitration Association, in Miami-Dade County, Florida and judgment upon the arbitration award may be entered in any court of competent jurisdiction. The substantive laws of Florida shall be applied in resolving any such dispute. Agreeing to final and binding arbitration means forgoing many elements of litigation in court, most notably detailed discovery, trial by jury, and the right to appeal. Temple Sinai believes that the advantages of relative speed and economy, and of confidentiality, outweigh any disadvantages. Should you have any questions regarding this choice of process, we recommend that you consult with counsel prior to signing this application. The prevailing party in the arbitration proceeding shall be awarded all costs and reasonable attorney’s fees in an amount determined by the arbitrator. Such an award shall include the costs and reasonable attorney’s fees incurred in the arbitration proceeding as well as the costs and reasonable attorney’s fees incurred in preparing for and attending any scheduled mediation.

Initial

ACKNOWLEDGEMENTS ACCEPTANCE

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

ECE Director Signature _____ Date _____

Tuition and Fees Summary
TSND Early Childhood Education Center
School year: August 2019 - June 2020

Tuition August 2019 to June 2020	Tuition August 2019 to June 2020	Ratio of teachers: students in class
Full Day: 9 am-3 pm	Half Day: 9 am-12:30 pm	
TGS Toddler Graduate School 18-24 months		
\$11,640	\$10,610	1:4 maximum 8 children
PK 2 Pre-Kindergarten 2 24-36 months		
\$12,300	\$11,020	1:5 maximum 10 children
PK 3 Pre-Kindergarten 3 36-48 months		
\$12,600	\$11,230	1:8 maximum 16 children
PK 4 Pre-Kindergarten 4 4-5 years old		
\$12,650		1:10 Maximum 16 children
Non-refundable deposit of \$750 per child is applied to annual tuition		
\$550 annual security fee per child		
Sibling discount of 5% of the oldest child's annual tuition in families with two or more children.		

Included in Tuition:

- Membership in PTA
- School t-shirt
- Participation in synagogue life at Temple Sinai:
 - Opportunity to make lifelong friends in a warm and welcoming Jewish community
 - Shabbat, High Holy Day, and Holiday services
 - Family and youth programs including CU@Shabbat, Gan Shabbat
 - Educational, social, musical, and special events throughout the year
 - TSND bi-monthly bulletin (Mosaic), weekly Sinai Scene (e-newsletter)
 - Priority registration for Camp Sinai

Available for additional fees:

- Lunch may be purchased daily through our school caterer: \$7/day per child
- Pizza lunch for purchase every Friday: \$7 per child
- Early drop-off and late pick-up with sufficient demand
- PK3 and PK4 JCC Swim Program during school hours
- After-school enrichment classes i.e. yoga, robotics, athletics, etc.
- Suggested Annual Giving Campaign* Donation: starting at \$180
 - *Temple Sinai's Annual Giving Campaign helps fill the gap between income from Partnership Commitment, fees, tuition, donations, and the actual cost of running the synagogue's programs, including the Early Childhood Education Center.



Payment Agreement School Year 2019-2020

Child #1: _____

Child #2: _____

CHECK – Payable to Temple Sinai of North Dade

E Check: Routing # _____ Account # _____

CREDIT CARD- (there is a convenience fee of 2.5%)

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: ____/____/____ Security Code _____

Signature: _____ Amount: \$ _____

Total: \$ _____

Child #1 Price \$ _____

Child #2 Price: Sibling discount of 5% of the oldest child's annual tuition in families with two or more children.

\$ _____

Deposit \$ _____

Total Due \$ _____

CASH – amount \$ _____

2019-2020 Fee Schedule

	<u>FULL DAY</u>	<u>HALF DAY</u>
TGS: 18-24 months	\$11,640	\$10,610
PK2: 24-36 months	\$12,300	\$11,020
PK3: 36-48 months	\$12,600	\$11,230
PK4: 4-5 years old	\$12,650	-----

Non-refundable deposit of \$750 per child is applied to annual tuition.

\$550 annual security fee per child

Summary of Payment Options

_____ One payment in full upon registration – SAVE 3%

_____ Shulcloud -2 automatic withdrawal from checking account, savings account or credit card (May and October).

_____ Shulcloud -10 payment monthly plan – automatic withdrawal from checking account, savings account, or credit card (monthly from May) credit card payments will have a convenience fee of 2.5%.

Payment Agreement must be submitted with Registration Form.

I acknowledge that I have read and accept the full terms and conditions of this agreement.

Parent's Signature _____ Date: _____