



Temple Beth Emet Early Childhood Center  
 4807 South Flamingo Road • Cooper City, FL • 33330  
 Ph: 954-680-7656 Fax: 954-680-4717

Robin Sheridan, Director • Dina Milgram, Assistant Director  
[robins@templebethemet.org](mailto:robins@templebethemet.org) [dina@templebethemet.org](mailto:dina@templebethemet.org)

## 2018-2019 Registration Form

### Child's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ male female  
 Date of Birth: \_\_\_\_\_ Preferred Name \_\_\_\_\_ Age as of September 1, 2018 \_\_\_\_\_ yrs. \_\_\_\_\_ months  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Child Resides with: Both Parents Mother Father  
 Please list all known allergies \_\_\_\_\_  
 Sibling(s): Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### Legal Guardian's Information

Are you Temple Members? Yes No  
*If not, are you interested in finding out more about the benefits of Temple membership? \_\_\_\_\_*

Legal Guardian's Name: \_\_\_\_\_ Relationship to Child: Mother Father Other \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
*(if different than child's)*

### Please check the program, days, and times of your choice:

- Tiny Tots** - 3 months – 12 months on or before 9/01/18  
 Days: 3 5  
 Times: Full Day (9:00-3:00)
- Ready Set Go** - 12 months and walking with confidence on or before 9/01/18  
 Days: 2 3 5  
 Times: Half (9-1:00) Full (9-3:00)
- Pre-Nursery** - 2 years on or before 09/01/2017  
 Days: 3 5  
 Times: Half (9-1:00) Full (9-3:00)
- Nursery** - 3 years on or before 09/01/2018  
 Days: 3 5  
 Times: Half (9-1:00) Full (9-3:00)
- Pre-K** - 4 years on or before 09/01/2018  
 Pre-K program is 5 full days only (9-3:00)  
 VPK is included in the Pre-K program

Please check below if you will be utilizing AM or PM Care. It is imperative that the registration form is accurate so that we can plan and staff to maintain the quality of our program.

**Extended Care**  
 **Morning Care** (7:00-8:45am)  
 Approximate Drop Off Time: \_\_\_\_\_  
 **Afternoon Care** (3:00-6:00pm)  
 Approximate Pick Up Time: \_\_\_\_\_

•For Tuition rates, please refer to tuition agreement•

**Please review and sign Registration Policies on the reverse side.**

**PLEASE READ THIS REGISTRATION POLICY CAREFULLY BEFORE COMPLETING ENROLLMENT**

1. A Security Services fee of \$300 for the 2018-2019 academic year will be assessed to each family. This fee will be payable with your deposit payment. \_\_\_\_ **(Please Initial)**
2. There is a **\$35 late fee** if payment is not made by the **10th** of the month, unless **arrangements have been made in advance**. \_\_\_\_ **(Please Initial)**
3. We require a credit card to be kept on file. The credit card will be charged on the 15<sup>th</sup> of the month for any outstanding payments that are due. \_\_\_\_ **(Please Initial)**
4. There are no refunds or credits due to illness or absence. Children who attend two or three days a week may not make up days. \_\_\_\_ **(Please Initial)**
5. There are no tuition or deposit refunds. \_\_\_\_ **(Please Initial)**
6. Children who are in school beyond their scheduled time will be billed at a rate of \$10.00 per hour or any part thereof. \_\_\_\_ **(Please Initial)**
7. Registration must be accompanied by a **non-refundable, non-transferable** \$150 registration, \$300 Security fee plus a \$1000.00 Tuition Deposit. \_\_\_\_ **(Please Initial)**
8. Tiny Tots, Ready Set Go, Pre Nursery and Nursery levels a monthly payment schedule is an option and is to be paid in nine equal installments beginning August 1, 2018 and ending April 1, 2019. Pre-K tuition may be paid in six equal installments beginning August 1, 2018 and ending January 1, 2019. \_\_\_\_ **(Please Initial)**
9. Please Initial the option you choose for paying our tuition and fees:  
\_\_\_\_ **ACH (please attached voided check)**      \_\_\_\_ **Post dated checks**      \_\_\_\_ **Credit Card**
10. Repeated schedule changes may be subject to a \$35.00 administrative fee. \_\_\_\_ **(Please Initial)**
11. AM and PM Extended Care hours cannot be disputed after one month of billing. \_\_\_\_ **(Please Initial)**
12. There is a 5% discount for Early Childhood Center siblings. (Excluding Tiny Tots)
13. Children with siblings in the Elementary School receive the member discount.
14. Photo Release: Permission is granted to use photographs/video of my child taken at school for promotional purposes in all media including Temple Beth Emet websites and social media. *(names will never be published with pictures)*  
\_\_\_\_ **(Please Initial)**
15. Permission is granted for my name, my child's name, and contact information to be included in the shared class lists. \_\_\_\_ **(Please Initial)**
16. If you would like your child to be placed in a class with a specific friend, please send a written request to the office by July 1, 2018. We will accept **one friend request per child**. The request must be **mutual and in writing**. While we cannot guarantee such requests, we will do our best to fulfill them if we feel they are in the best interest of the children.
17. Children are placed in classes at the discretion of the Directors. There are many factors that determine placement. Our most important goal is to provide the best learning experience for each child. Other considerations are individual needs, date of enrollment, class size, boy/girl ratio, birth dates, dismissal times and combinations of children in a room. The administration alone is responsible for class placement, and teacher requests are not accepted or promised. **I understand that I may not request a teacher**. \_\_\_\_ **(Please Initial)**

**I have read and understand the Registration Policy of Temple Beth Emet Early Childhood Center.  
I hereby enroll my child in Temple Beth Emet Early Childhood Center.**

**I agree to abide by these policies and to pay the tuition and other charges in full and in a timely manner.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Tuition 2018/2019

## **Tiny Tots** 10 weeks old – 1 Year as of Sept. 1, 2018

Days	Times	Full Year Tuition
5 full days	9am – 3pm	\$11,540

## **Ready Set Go** 1 – 2 Years as of Sept. 1, 2018

## **Pre-Nursery** 2 Years as of Sept. 1, 2018

## **Nursery** 3 Years as of Sept. 1, 2018

Days	Times	Early Bird By March 17	Full Year Tuition As of March 20
M/W/F	9am – 3pm	\$9,390	\$9,680
M/T/W/TH/F	9am – 3pm	\$11,140	\$11,440
M/W/F	9am – 1pm	\$8,100	\$8,340
M/T/W/TH/F	9am – 1pm	\$9,650	\$9,920

## **Pre-K** 4 Years as of Sept. 1, 2017

VPK voucher will be deducted from tuition

Days	Times	Early Bird By March 17	Full Year Tuition As of March 20
5 full	9am – 3pm	\$11,240	\$ 11,540

## **Extended Care** 5 Days

AM Care 7:00 – 8:45 \$ 1,400	PM Care 3:00 – 6:00 \$2,300	AM & PM Care 7:00 – 8:45 \$ 3,200	Hourly \$ 10
------------------------------------	-----------------------------------	---	-----------------

### Temple Members Receive 10% Tuition Discount

*Membership must be in good standing with dues paid off or on a payment plan*

**Sibling Discount** There is a 5% discount for Early Childhood Center siblings. Families with siblings in the Elementary School receive the Temple Member discount.

A non-refundable, non-transferable \$150 Registration Fee, \$300 Security Fee and \$1000.00 Tuition Deposit are due upon enrollment. To secure Early Bird rates, Registration Fee and Tuition Deposit must be received by March 16, 2018. There is a \$35 fee for any returned checks.

**\*\*\*Please be sure to complete Payment Agreement on the reverse side of this form\*\*\***

Phone: (954) 680-7656

[www.templebethemet.org](http://www.templebethemet.org)

4807 South Flamingo Road, Cooper City, FL 33330



## PAYMENT AGREEMENT 2018/2019

Family Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Tuition: \_\_\_\_\_

Extended Care Fees: \_\_\_\_\_

Tuition Deposit: \_\_\_\_\_ **\$1000.00**

Registration Fee: \_\_\_\_\_ **\$150.00**

Security Deposit: \_\_\_\_\_ **\$300.00**

Today's Total Deposit: \_\_\_\_\_ **\$1450.00**

Form of Payment:  Credit Card (please fill in below)  Check  Cash

Balance Due: \_\_\_\_\_

### Please select Form of Payment for Balance Due:

- Post Dated Checks *Attach checks payable to Temple Beth Emet*
- ACH Withdrawals *No changes may be made within 10 business days of payment date*

\*Please attach voided check

Email for Notifications:

Name on Check:

Routing Number:

Account Number:

Billing Address:

- Automatic Credit Card Payments

Debit/Credit Card Number:

Expiration Date:

Security Code:

Billing Address:

All payments are due on the 1<sup>st</sup> of each month. Check here if you prefer the 15<sup>th</sup>

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_