



2010/2011 Registration CHILD CARE- 12 month program (For children 2-23 months by 9/1/10)

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female
Parent 1 Name \_\_\_\_\_
Parent 1 Home Phone \_\_\_\_\_ Parent 1 Work Phone \_\_\_\_\_
Parent 1 Cell Phone \_\_\_\_\_ Parent 1 E-mail \_\_\_\_\_
Parent 2 Name \_\_\_\_\_
Parent 2 Home Phone \_\_\_\_\_ Parent 2 Work Phone \_\_\_\_\_
Parent 2 Cell Phone \_\_\_\_\_ Parent 2 E-mail \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Subdivision \_\_\_\_\_
Marital Status:  Married  Divorced  Separated  Single
Child Resides With:  Both parents  Parent 1  Parent 2  Other: \_\_\_\_\_
(Temple Beth El Maimonides Institute for Jewish Learning admits children regardless of race, religion or national origin.)

Table with 4 columns: PROGRAM, DAYS, TIMES, TUITION (MEMBER/NON MEMBER). Rows include Full Day (M-F, 7:00-6:00, \$13,800/\$15,200) and fee breakdown: NON-REFUNDABLE REGISTRATION FEE (\$150 Member/\$200 Non-Member), NON-REFUNDABLE DEPOSIT (\$250), NON-REFUNDABLE SECURITY FEE (Billed annually on July 1).

Enclosed is a personal check (Check # \_\_\_\_\_) or \_\_\_\_\_ cash for my Registration Fee & Deposit.
 Charge my Registration Fee & Deposit to my Credit Card: # \_\_\_\_\_ Exp. \_\_\_\_\_
Signature \_\_\_\_\_ Name on credit card \_\_\_\_\_

Please charge my credit card (listed above) for monthly tuition payments. Initial here: \_\_\_\_\_
TUITION INCENTIVES:
DISCOUNTS: Sibling discount of 10% on the lower annual tuition.
REFERRALS: Refer another family. When both of you enroll by 3/1/10, both registration fees are waived.
PAY IN FULL: Pay the annual tuition in full at time of registration and receive a 5% discount on tuition. (Check or cash only)
TUITION PAYMENT OPTIONS:
(ALL PAYMENTS DUE BY THE 1ST OF THE MONTH.)
 Pay in Full
 \_\_\_\_\_ Payments: (\$25 late fee incurred monthly if payment is not received by the 10th of the month)
\*\* TBE members must be in good standing with temple obligations in order to be eligible for reduced member rates and fees.

Please read and initial the following items and sign below:
I hereby enroll my child in the TBE Early Childhood Center of Boca Raton. I understand and agree to the terms as stated on this form.
I understand that tuition is based on an annual fee and is paid according to my payment option. I understand that there will be no adjustments to my child's tuition because of illness, vacations, early withdrawal, or weather closings.
I understand that my child will only be released to a parent, legal guardian, or those persons listed on the authorized pick up form. No one under the age of 18 may pick up my child from TBE. TBE will require proof of identification at any time from anyone picking up my child. TBE has the right to refuse the release of my child to anyone who appears unable to safely assume the responsibility for my child.
If I cannot be contacted in the event of an emergency, I hereby grant permission to TBE to authorize any emergency action necessary to ensure the safety of my child.
I understand that it is my responsibility to inform TBE of any changes in my contact information.
I grant permission to use any photographs of my child for publicity and marketing purposes. I understand that I, nor my child, will receive compensation for the use of any images.
I agree to read the TBE Early Childhood Parent Manual and will abide by all policies stated therein.

Signature of Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_
For Staff Use Only: Received By: \_\_\_\_\_ Start Date: \_\_\_\_\_ Class: \_\_\_\_\_
Member ID \_\_\_\_\_ Registration \_\_\_\_\_ Deposit \_\_\_\_\_ Tuition \_\_\_\_\_ Discount Type:  Sibling  Pay In Full \_\_\_\_\_
Payment Option: (Circle one) \_\_\_\_\_ Payments Pay In Full



Main Campus  Beck Family Campus

# MAIMONIDES INSTITUTE FOR JEWISH LEARNING

## 2010/2011 Registration EARLY CHILDHOOD CENTER- 9 month program *(For children 2 to 4 years old by 9/1/10)*

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Parent 1 Name \_\_\_\_\_

Parent 1 Home Phone \_\_\_\_\_ Parent 1 Work Phone \_\_\_\_\_

Parent 1 Cell Phone \_\_\_\_\_ Parent 1 E-mail \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Home Phone \_\_\_\_\_ Parent 2 Work Phone \_\_\_\_\_

Parent 2 Cell Phone \_\_\_\_\_ Parent 2 E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single

Child Resides With:  Both parents  Parent 1  Parent 2  Other: \_\_\_\_\_

*(Temple Beth El Maimonides Institute for Jewish Learning admits children regardless of race, religion or national origin.)*

PROGRAM	DAYS	TIMES	TUITION (MEMBER/NON MEMBER)	PROGRAM	DAYS	TIMES	TUITION (MEMBER/NON MEMBER)
Half Day (2 yr. olds)	T/TH	9-1	\$2,930/\$3,640	Half Day (Pre-K)	M-F	9-1	\$7,200/\$8,860
Half Day (2 & 3 yr. olds)	M/W/F	9-1	\$4,900/\$6,000	Full Day (Pre-K)	M-F	9-3	\$8,700/\$10,000
Half Day (2 & 3 yr. olds)	M-F	9-1	\$7,000/\$8,400	Extended Day (Pre-K)	M-F	7-6	\$10,750/\$12,500
Full Day (2 & 3 yr. olds)	M/W/F	9-3	\$6,360/\$7,460				
Full Day (2 & 3 yr. olds)	M-F	9-3	\$8,500/\$9,800				
Extended Day (2 & 3 yr. olds)	M-F	7-6	\$10,500/\$12,000				
Before/After Care (2, 3 & Pre-K)	M-F	7-9/3-6	\$10 per hour				

NON-REFUNDABLE REGISTRATION FEE	NON-REFUNDABLE DEPOSIT	NON-REFUNDABLE SECURITY FEE
\$150 Member/\$200 Non-Member	Applied to tuition \$250	Billed annually on July 1

Enclosed is a personal check (Check # \_\_\_\_\_) or \_\_\_\_\_ cash for my Registration Fee & Deposit.

Charge my Registration Fee & Deposit to my Credit Card: # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ Name on credit card \_\_\_\_\_

Please charge my credit card (listed above) for monthly tuition payments. Initial here: \_\_\_\_\_

**TUITION INCENTIVES:**

**DISCOUNTS:** Sibling discount of 10% on the lower annual tuition.

**REFERRALS:** Refer another family. When both of you enroll by 3/1/10, both registration fees are waived.

**PAY IN FULL:** Pay the annual tuition in full at time of registration and receive a 5% discount on tuition. (Check or cash only)

**TUITION PAYMENT OPTIONS:**  
**(ALL PAYMENTS DUE BY THE 1ST OF THE MONTH.)**

Pay in Full

3 Payments: August, November, February, *(\$25 late fee incurred monthly if payment is not received by the 10th of the month)*

9 Payments: August- April *(\$25 late fee incurred monthly if payment is not received by the 10th of the month)*

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Please read and initial the following items and sign below:

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\_\_\_\_ I understand that tuition is based on an annual fee and is paid according to my payment option. I understand that there will be no adjustments to my child's tuition because of illness, vacations, early withdrawal, or weather closings.

\_\_\_\_ I understand that my child will only be released to a parent, legal guardian, or those persons listed on the authorized pick up form. No one under the age of 18 may pick up my child from TBE. TBE will require proof of identification at any time from anyone picking up my child. TBE has the right to refuse the release of my child to anyone who appears unable to safely assume the responsibility for my child.

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\_\_\_\_ I understand that it is my responsibility to inform TBE of any changes in my contact information.

\_\_\_\_ I grant permission to use any photographs of my child for publicity and marketing purposes. I understand that I, nor my child, will receive compensation for the use of any images.

\_\_\_\_ I agree to read the TBE Early Childhood Parent Manual and will abide by all policies stated therein.

Signature of Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_

For Staff Use Only: Received By: \_\_\_\_\_ Start Date: \_\_\_\_\_ Class: \_\_\_\_\_

Member ID \_\_\_\_\_ Registration \_\_\_\_\_ Deposit \_\_\_\_\_ Tuition \_\_\_\_\_ Discount Type:  Sibling  Pay In Full \_\_\_\_\_

Payment Option: (Circle one) 3 Payments 9 Payments Pay In Full