



Dear Parents,

Thank you for your interest in the Wiston Family Torah Tots preschool program. We are happy to be able to provide you with an application for your child for the 2019-2020 school year.

As many of you know, we are one of the few preschools in Palm Beach County that has been accepted into the Florida Strong Minds program of excellence. I am so excited to say that we have continued to excel and meet the high standards demanded by Strong Minds and that we have been accepted into the program again. Acceptance is based upon rigorous teacher training as well as observations by the Strong Minds evaluators. As a participant in Strong Minds, the Wiston Family Torah Tots program is sure to provide your child with the very best in developmentally appropriate practices, play-based learning and state of the art technology.

If you are a returning parent and have ever attended a Character Breakfast, Book Fair, Pajama Night or any of the other extra-curricular activities that we offer, you know how important a thriving Parent-Teacher Organization is. In addition to your time, which we hope you will contribute, we also ask for a nominal contribution from each family. The \$25/\$35 per child fee goes a long way toward offsetting the costs of running these very special events. Any profits made from these events goes into the PTO account to be used to enhance our facility and program.

In the world today, as we are sure you are aware, there is a heightened need for security, not just in preschools but in any venue where people gather. After lengthy consultations with security personnel, we realize the importance of having a fulltime security guard on the premises. This is in keeping with the current practice in many Jewish preschools.

Please understand that we are no longer accepting requests for teachers or classmates.

Please feel free to call or e-mail if you have any questions or concerns. We are looking forward to working with you and your child next year.

Sincerely yours,

Stephanie Rubin

Stephanie Rubin, Director

ecldir@templetoratemet.org

561-572-2381



8600 Jog Road, Boynton Beach, Florida 33472
 (561) 572-2381 / Fax No. (561) 572-2386

PRESCHOOL REGISTRATION FORM 2019-2020

Child's Name: _____ Date of Birth: ___/___/___ Male / Female
 Parent Name: _____ Parent Cell: () _____
 Parent Name: _____ Parent Cell: () _____
 Address: _____ City _____ Zip Code _____
 Home Number: () _____
 Parent Work Number: () _____ E-Mail: _____
 Parent Work Number: () _____ E-Mail: _____

Registration for 4 Year Olds (by September 1, 2019)

August 13, 2019 – May 22, 2020

Check Program	Program Selection	Days	Times	Annual Tuition Member
	Full Day Program – 5 Days	Mon - Fri	9:00 a.m. – 3:00 p.m.	\$8,985.00 *Minus voucher
	Before Care – 5 Days	Mon - Fri	7:00 a.m. – 9:00 a.m.	\$1,200.00
	After Care – 5 Days	Mon - Fri	3:00 p.m. – 6:00 p.m.	\$1,550.00
	Before & After Care – 5 Days	Mon – Fri	7-9 a.m. & 3-6 p.m.	\$2,500.00

*VPK Voucher will be deducted from this total once fees are announced from the state

Registration Fee \$ 175 (non-refundable)
 PTO Dues (single/multi) \$ \$25/\$35
 50% off 2nd child's registration fee \$ _____
 2nd Child Discount (5% on lesser program) \$ _____
 Tuition \$ _____
 Annual Discount (5% off total if paid by July 10, 2019) \$ _____
 Campus Security Guard Fee – 1 per family \$ 200.00
 Total Due \$ _____

Check Number

Parent Signature or Legal Guardian: _____ Date: _____

Print Name: _____



TUITION POLICY:

Preschool parents are responsible for paying an annual non-refundable registration fee plus annual tuition. The registration fee is in addition to the tuition above and must be paid in full at the time of registration. For students attending the full school year, tuition can be divided into 10 installment payments which are billed monthly with the first payment due July 10th. For students registering after the start of school, the annual tuition is based on a prorated payment schedule. If registering after July 10th the registration fee and first installment are due. Regardless of registration date, all payment plans must be set up and approved by accounting. Annual tuition must be paid in full by April 10th of the school year.

An administration fee of \$25.00 applies to reducing program hours and early withdrawals after August 13, 2019.

I have read and understand the tuition and withdrawal policies as outlined above _____
Initial - Date

Discounts:

- 5% discount is given for payment in full by July 10, 2019. Scholarship cannot be combined with any prepayment discount.
- 5% Sibling Discount will be applied to the lower fee for the second and subsequent sibling(s).

Registration Fee Payment Options:

- Enclosed is a personal check (Check # _____) or _____ cash for the Non-Refundable Registration Fee.
- Please charge the Non-Refundable Registration Fee to my credit card:
- There is a mandatory 3% convenience fee on all credit card payments.** _____ **Initial**
 # _____ Exp. Date _____ Security Code _____

Please read and initial the following items and sign below:

- _____ 1. I hereby enroll my child in the Wiston Family Torah Tots Early Childhood Learning Center. I understand and agree to the terms as stated on this form, and I hereby agree to pay the full amount due for those enrollment terms.
- _____ 2. I understand that the withdrawal policy states that I must give written notification of withdrawal at least 30 days prior to its effective date. I am responsible for tuition during the thirty-day notice.
- _____ 3. In the event of an emergency, if I am unable to be contacted, I hereby grant permission to the Temple Torat Emet to authorize any emergency action necessary to ensure the safety of my child.
- _____ 4. Participation in any Temple Torat Emet activities and use of any recreation facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted, I, as an individual or as a parent or guardian of the participant named herein, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless the Wiston Family Torah Tots, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her participation in any activities or use of any recreation facilities.
- _____ 5. I agree to read the Wiston Family Torah Tots Parent Manual, and will abide by all Wiston Family Torah Tots policies stated therein.

**Please note: Accounting department will verify the tuition figures above.
 The above pricing is prior to any discounts or scholarship your family may qualify for.**

Signature of Parent/Guardian _____

Date _____

CREDIT CARD AUTHORIZATION

Temple Torat Emet uses an automatic credit card processing system. Credit cards are processed on the 10th of every month.

This is a **mandatory** form for all families enrolled in the Wiston Family Torah Tots Early Childhood Learning Center. This form allows Wiston Family Torah Tots ECLC to **automatically do one of the following**:

Please Initial one of the below:

_____ Please charge my charge card for the annual non-refundable \$175.00 registration fee and the \$200.00 Campus Security Guard fee upon receipt.

_____ I hereby authorize Temple Torat Emet to charge my credit card, listed below, on the 10th of each month starting on July 10, 2019. I hereby authorize this automatic charge for my child(s) tuition for a total of 10 equal payments with the last charge to be placed on April 10, 2020.

_____ I am choosing to pay my monthly bill by check. I understand that in the event my tuition payment is not received by the 10th of the month, I will incur a late fee of \$25.00.

_____ Please charge the tuition in full on July 10th, 2019 and apply the 5% Early Bird Discount.
(The \$175 registration fee and the \$200.00 Campus Security Guard fee will be charged to your credit card upon registration in the school).

****There is a mandatory 3% convenience fee on all credit card payments. Signing this form authorizes your consent to this fee.***

Type of Card: ___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number: _____ Expiration Date: _____ Security code: _____

Name as it appears on the card: _____

Address of Cardholder: _____ City _____ ST ___ Zip _____

Phone No. of Cardholder: _____

Name of Student: _____ Parent's Name: _____

Relationship of Cardholder to Student: _____

Parent's Signature

Date:

Cardholder's Signature

Date:

Print Cardholder's Name