



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

PRESCHOOL REGISTRATION FORM 2020-2021

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: _____
 Work Number: () _____ E-Mail: _____

Registration for 4 Year Olds (child must be this age by September 1, 2020)

August 11, 2020 – May 21, 2021

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 \$ 175.00
 Non-Refundable Deposit \$250.00 (applied to last month of tuition)
 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 10,2020) \$ _____
 Security Annual Assessment – 1 per family \$ 200.00
 Total Due \$ _____

Check Number

Parent Signature or Legal Guardian: _____ Date: _____



TUITION POLICY:

Preschool parents are responsible for paying an annual non-refundable registration fee plus annual tuition. The registration and security fees are in addition to the tuition listed above and must be paid in full at the time of registration. 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, security fee and first full installment are due at time of registration. Regardless of registration date, all payment plans must be set up and approved by accounting. Your total annual tuition must be paid in full by March 10th of the school year.

An administration fee of \$25.00 applies to reducing program hours and early withdrawals after **August 11, 2020.**

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, 2020. 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, the \$250 non-refundable deposit that will be applied towards my last month's tuition, 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, 2020. I hereby authorize this automatic charge for my child(s) tuition for a total of 9 equal payments with the last charge to be placed on March 10, 2021.

_____ I am choosing to pay my annual tuition bill monthly 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, 2020 and apply the 5% Early Bird Discount.

****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**