



March 6, 2025

Dear Torah Tot Families,

We are grateful for your unwavering support, love, and trust throughout this school year. As we gear up for the next academic year, we invite you to register your child for the 2025-2026 school session.

This packet includes the registration form and payment contract. Please submit these forms along with the \$400 non-refundable registration fee, the \$450 security contribution fee, and the \$40 PTO fee (total = \$890).

School has a tentative start date of Wednesday, August 13, 2025 (subject to change) and will end Wednesday, May 20, 2026. The school calendar will be released with the enrollment packet after May 15, 2025.

We break down your monthly payments into 10 equal amounts starting on July 1, 2025, with your last payment made on April 1, 2026.

At Torah Tots, we take pride in our excellent teacher-to-child ratios, licensed teachers, and developmentally appropriate play-based learning environment in our classrooms. These qualities have earned us our APPLE accreditation, the Strong Minds Program of Excellence, and our GOLD seal. Furthermore, we are committed to maintaining a safe and healthy environment for your child and will continue to adhere to all health department and CDC recommendations, ensuring your child's safety.

We are thrilled at the prospect of welcoming your child back to Torah Tots for the 2025-2026 school year. Please note that we are not accepting requests for teachers and classmates. We work alongside the teachers to focus on the best placement for each individual child. In case of any questions, please feel free to give us a call or email us. We look forward to the opportunity to continue nurturing your child's growth and development.

Sincerely Yours,
Stephanie & Debbie



TENTATIVE DATES (SUBJECT TO CHANGE)
 FIRST DAY OF SCHOOL: WEDNESDAY, AUGUST 13, 2025
 LAST DAY OF SCHOOL: WEDNESDAY, MAY 20, 2026

Staff Only:
 Deposit: Amount: \$ _____
 Check # _____

STUDENT INFORMATION

1. Name: _____ Date of Birth: ___/___/___ M / F Shirt Size: _____

PERSONAL INFORMATION

Parent Name: _____ Cell Number: (____) _____
 E-Mail: _____ Work Number: (____) _____
 Parent Name: _____ Cell Number: (____) _____
 E-Mail: _____ Work Number: (____) _____
 Address: _____ City: _____ Zip: _____

Children born September 2023 – August 2024

Full = 9:00a.m. – 3:00p.m. Half = 9:00a.m. - 1:30p.m.	10 Month Rate	Before Care 10 Month Rate 7:30-9:00	After Care 10 Month Rate 3:00-6:00
5 Full Days	\$15,500	\$1,750	\$3,500
5 Half Days	\$14,200	\$1,750	-----
3 Full Days	\$12,000	\$1,100	\$2,200
3 Half Days	\$10,000	\$1,100	-----

Children born September 2020 - August 2023

Full = 9:00a.m. - 3:00p.m. Half = 9:00a.m. - 1:30p.m.	10 Month Rate	Before Care 10 Month Rate 7:30-9:00	After Care 10 Month Rate 3:00-6:00
VPK with VOUCHER	\$15,000 (-voucher)	\$1,600	\$3,200
VPK 5-Full Days	\$15,000	\$1,600	\$3,200
5 Full Days	\$14,000	\$1,600	\$3,200
5 Half Days	\$13,000	\$1,600	-----
3 Full Days	\$11,000	\$1,000	\$2,000
3 Half Days	\$9,000	\$1,000	-----

Non-Refundable Registration Fee	\$400.00
PTO Dues	\$40.00
Security Contribution	\$450.00

Child's Name: _____

WISTON FAMILY TORAH TOTS PAYMENT CONTRACT

TUITION POLICY:

Preschool parents are responsible for paying an annual non-refundable registration and security fee, plus annual tuition. The registration and security fees are in addition to the tuition 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 1st 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 commitment must be paid in full by April 1st of the school year.

An administration fee of \$25.00 applies to reducing program hours and early withdrawals after **August 8, 2025**. This fee will be strictly enforced.

Discounts

Check all that apply.

- 5% discount on tuition only is given for payment in full by July 1, 2025. Scholarship cannot be combined with any prepayment discount.
- 5% Sibling Discount on tuition only will be applied to the lower fee of annual tuition only for the second and subsequent sibling(s).

Non-Refundable Registration Fee Payment

- Enclosed is a personal check
Check # _____ Amount \$ _____

- Please charge the Non-Refundable

Registration Fee to my credit card:

Exp. Date _____ Security Code _____

There is a mandatory 3% convenience fee on all credit card payments.

Credit Card Holder Signature: _____

Please read and initial each of the following items and sign below:

- ___ 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. No refunds or credits will be given due to absenteeism or school closings.
- ___ I understand that the withdrawal policy states that I must give written notification of withdrawal at least thirty (30) days prior to its effective date. I am responsible for tuition during the thirty (30) day notice period.
- ___ In the event of an emergency, if I am unable to be contacted, I hereby grant permission to Temple Torat Emet to authorize any emergency action necessary to ensure the safety of my child.
- ___ 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.
- ___ I agree to read the Wiston Family Torah Tots Parent Manual and will abide by all Wiston Family Torah Tots policies stated therein.
- ___ Wiston Family Torah Tots reserves the right to terminate care for a child if tuition payments are past due by 30 days.
- ___ I understand that the accounting department will verify the tuition figures and all pricing is prior to any discounts or scholarship your family may qualify for.

I have read, understand, and agree to the tuition and withdrawal policies as outlined above.

Signature of Parent/Guardian _____

Date _____

Student Name: _____

EMERGENCY FINANCIAL POLICY

There are several life events that could affect Wiston Family Torah Tots from operating, outside our scope of remedy. They include but are not limited to:

- Florida’s Health Department and/or Medical Experts that have been retained, determine it unsafe to do so.
- A statewide or federal shut down due to pandemic or illness
- A statewide or federal emergency as may be unforeseen
- Hurricane, flood, wind deeming building uninhabitable
- Loss of facility

Such stoppages could vary from very temporary shutdown and in the worst-case scenario, to close for a longer period or indefinitely.

It is the policy of Wiston Family Torah Tots that should any of the above events occur, then the following financial ramifications will be occurred:

- Any school closure of fifteen (15) consecutive school days or less will not affect tuition fees.
 During this period Wiston Family Torah Tots will provide at home curriculum, with activities and materials included, and with live Zoom experiences.
- Any school closure which extends beyond fifteen (15) school days, will result in a fee credit-based on the following criteria:
 - For each day following the initial fifteen (15) and not to exceed ninety (90) days, the school will credit a 75% reimbursement of tuition fees, based on a daily rate.
 - Should the school close for more than fifteen (15) days you may elect to withdraw your child without the required notification. Payment for the first fifteen (15) days will be your responsibility.
 - If the closure extends beyond ninety (90) days, you will be released of tuition fee financial obligations to Wiston Family Torah Tots and will receive a refund based on the manner of payment within 45 days.

I have read and agree to the guidelines in regard to tuition for my child at Wiston Family Torah Tots:

Child’s Name

Signature

Date



Wiston Family Torah Tots
Early Childhood Learning Center
CREDIT CARD AUTHORIZATION 2025/2026

Temple Torat Emet uses an automatic credit card processing system. Credit cards are processed on the 1st of every month.

There is a mandatory 3% convenience fee on all credit card payments. Signing this form gives your consent to charge tuition and the convenience fee to your credit card.

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 the following:**

Please initial below:

_____ Please charge my charge card one time for the annual non-refundable \$400 registration fee, the \$40 PTO fee, the \$450 campus Security guard fee.

_____ I hereby authorize Temple Torat Emet to charge my credit card, listed below, on the 1st of each month starting on July 1, 2025. I hereby authorize this automatic charge for my child(s) tuition and convenience fees for a total of 10 equal payments with the last charge to be placed on April 1, 2026.

_____ I am choosing to pay my bill by check in 10 equal monthly payments. I understand that in the event my tuition payment is not received by the 7th of the month, I will be assessed a late fee of \$50.

Card Number: _____

Expiration Date: _____ Security code: _____

Name as it appears on the card: _____

Address of Cardholder: _____ City _____ ST _____
Zip _____

Telephone Number 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