



REGISTRATION AGREEMENT 2026-2027

(561) 572-2381

[ecldir@templetoratemet.org](mailto:ecldir@templetoratemet.org)

TENTATIVE DATES (SUBJECT TO CHANGE)  
 FIRST DAY OF SCHOOL: TUESDAY, AUGUST 11, 2026  
 LAST DAY OF SCHOOL: WEDNESDAY, MAY 20, 2027

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 2024 – August 2025

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	\$16,275	\$1,900	\$3,800
5 Half Days	\$14,910	\$1,900	-----
3 Full Days	\$12,600	\$1,250	\$2,500
3 Half Days	\$10,500	\$1,250	-----

Children born September 2021 - 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
VPK with VOUCHER	\$15,500 (-voucher)	\$1,900	\$3,800
VPK 5-Full Days	\$15,500	\$1,900	\$3,800
5 Full Days	\$14,700	\$1,900	\$3,800
5 Half Days	\$13,650	\$1,900	-----
3 Full Days	\$11,550	\$1,250	\$2,500
3 Half Days	\$9,450	\$1,250	-----

Non-Refundable Registration Fee	\$400.00
PT 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 1<sup>st</sup> 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.

**Discounts**

Check all that apply.

- 5% discount on tuition only is given for payment in full by July 1, 2026. 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).

**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 2026/2027**

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 1<sup>st</sup> of each month starting on July 1, 2026. 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, 2027.

\_\_\_\_\_ 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 7<sup>th</sup> 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**