



JOSEPH AND CORINNE SCHWARTZ PRESCHOOL AT BETH ISRAEL
ENROLLMENT FORM 2016-2017
3706 Crondall Lane, Owings Mills, MD 21117

Child's Last Name First Middle Hebrew Name M or F Nick Name if Preferred

Street Address Zip Code Home Telephone

Date of Birth (month, day, year) Father's Name Mother's Name

Child's previous pre-school experience _____

CHECK DESIRED PROGRAM – CIRCLE DESIRED DAYS

2-3 YEAR OLDS (TWO BY SEPTEMBER 1ST)					
2 DAY – 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
3 DAY – 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
4 OR 5 DAY MORNINGS 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
EXTENDED DAY OPTION 12 NOON - 3:30 PM	MON	TUE	WED	THU	FRI
LUNCH OPTION 12 NOON - 1:00 PM	MON	TUE	WED	THU	FRI

3-4 YEAR OLDS (THREE BY SEPTEMBER 1ST)					
3 DAY 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
4 OR 5 DAY MORNINGS 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
EXTENDED DAY OPTION 12 NOON - 3:30PM	MON	TUE	WED	THU	FRI
LUNCH OPTION 12 NOON - 1:00 PM	MON	TUE	WED	THU	FRI

PRE-K (FOUR BY SEPTEMBER 1ST)					
5 DAY MORNINGS 9:00 – 12 NOON					
EXTENDED DAY OPTION 12 NOON - 3:30PM	MON	TUE	WED	THU	FRI
LUNCH OPTION 12 NOON - 1:00 PM	MON	TUE	WED	THU	FRI

KINDERGARTEN (FIVE BY SEPTEMBER 1ST)					
5 DAY 9:00 – 3:30 PM					

BEFORE AND AFTER SCHOOL CARE

Before School Program 7:00 - 9:00 AM (Monday – Friday)

After School Program 3:30 - 6:00 PM (Monday – Friday)

- Rate is based on half hour or hourly blocks of time.
- Your child may arrive or be picked up any time within the block of time for which they are registered.
- Using before/after school care on a drop-off basis can only be done if space is available. Check with the preschool office on availability.

To register, note days and times:

Before School _____

After School _____

FAMILY INFORMATIONMember of Beth Israel? (check one)

Yes	No
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Other synagogue affiliation? _____

Child lives with (check one)

Both parents	Mother Only	Father Only	Shared custody
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Names and ages of other children in family: _____

FATHER'S INFORMATION_____
Social Security Number_____
Home Address if different from above_____
Occupation_____
Business Phone_____
Employer_____
Business Address_____
Cell number_____
Email**MOTHER'S INFORMATION**_____
Social Security Number_____
Home Address if different from above_____
Occupation_____
Business Phone_____
Employer_____
Business Address_____
Cell number_____
Email**Billing information, if different from above:**

Name	
Address	
City/State Zip	
Phone Number	
Relation to Parents	

FOR IDENTIFICATION PURPOSES ONLY, WE REQUIRE A PHOTOCOPY OF YOUR DRIVER'S LICENSE(S) ALONG WITH THIS COMPLETED APPLICATION

Date: _____

2016– 2017 School Year

I/We hereby enroll my/our child/ren, _____, in the Joseph and Corrine Schwartz Preschool at Beth Israel (“JCSPS”) for the school year indicated above. I/We acknowledge payment terms of either being paid in FULL by September 1st or paying by installments via FACTS Tuition Management System, which is made a part of this contract, and agree to make payments in accordance with the dates and amounts set forth in their program. I/We agree that if I/we fail to make payments in accordance with the schedule, JCSPS reserves the right to discontinue providing services to my/our child/ren. JCSPS may, in its sole and absolute discretion, permit my/our child/ren to continue in the school program upon satisfaction of all overdue balances.

I/We understand that in certain circumstances it may be necessary for JCSPS to discontinue a child’s attendance in the school. JCSPS will consider the best interests of that child, other children, the staff, and the school in making such a decision. Reasons to terminate enrollment and this contract include, but are not limited to, non-payment of tuition; abuse of other children, staff, or property; disruptive or dangerous behavior; or continued violation of the school’s rules and policies.

I/We understand that JCSPS has a limited number of spaces for children in the school. Full payment of all amounts due pursuant to this contract is required irrespective of whether my/our child/ren actually attend. In consideration of the enrollment of my/our child/ren, I/we agree that this contract represents a commitment for one year and that I/we cannot terminate this contract during its term, except in circumstances mutually agreeable to JCSPS and us.

In the event this matter is referred to an attorney for collection of amounts due under this contract, I/we agree to be responsible for all costs of collection including but not limited to court costs and reasonable attorney’s fees.

PARENT/GUARDIAN SIGNATURE

Date

PRINTED NAME

PARENT/GUARDIAN SIGNATURE

Date

PRINTED NAME

If a person other than parent is responsible for the Preschool tuition, please sign below.

I agree to be jointly responsible to JCSPS for all tuition, fees and other expenses due as a result of the child/ren enrollment at JCSPS.

Print Name

Signature

Date

This form must be signed by all responsible parties for registration(s) to be processed.

SCHOOL POLICY ON REGISTRATION, TUITION PAYMENTS AND REFUNDS:

PLEASE INITIAL THE FOLLOWING:

_____ (initial here), I understand that there is a non-refundable deposit of **\$175** at the time of application and will be credited toward my child's tuition on the final payment.

PAYMENT SCHEDULE:

_____ (initial here), I understand that the Beth Israel Preschool uses the FACTS Tuition Management System. Each family has the choice of paying the entire tuition in full by September 1, 2016, or to pay the balance in monthly installments by credit card, or debit from a bank account. Arrangements are made in the way of a separate form directly through the FACTS Tuition Management System. Any other arrangements must be made directly with the Executive Director of Beth Israel Congregation.

SCHEDULE CHANGE POLICY:

_____ (initial here), I understand that after August 1, 2016, schedule changes will be permitted when space allows. A processing fee of \$25 per change will be required.

WITHDRAWAL POLICY

_____ (initial here). The family is responsible for payment for the entire school year even if the child is withdrawn from school. Below are acceptable reasons for credits/refunds, excluding the non-refundable deposit:

1. Family moving out of town
2. Serious or prolonged illness of the child(ren)
3. Decision by the Preschool Director that the child has made an unsatisfactory adjustment to our school.

REFUND POLICY

_____ (initial here), Families are responsible for 50% of the total tuition when withdrawing by January 31st of the current school year. If the withdrawal occurs between February 1st and March 31st, the family is responsible for 75% of the total tuition. Families are responsible for the full tuition for any withdrawals April 1st or thereafter. Regardless of withdrawal date, the \$175 deposit and the activity fee are nonrefundable.

PLACEMENT POLICY

_____ (initial here). I understand that Beth Israel Preschool will try to honor requests for my child's class placement, but the final decision will be determined by the Preschool Director. Requests for program changes must be approved by the Preschool Director.

DEPOSIT POLICY

_____ (initials) I understand that this form must be completed and returned with a deposit that will be applied towards the last payment of the final tuition. I understand that the deposit is non-refundable and non-transferable and is due in full at the time of registration.

TUITION CREDITS

_____ (initial here). A tuition credit of one week will be given for referrals and subsequent registrations, with a six-month tuition commitment. Tuition credit will be applied toward the final preschool payment.

SIBLING DISCOUNT

_____ (initial here). A sibling discount of 10% off the lowest tuition will apply if two or more children, of the same family, are enrolled.