

**Registration Form**

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**IF YOUR CHILD IS CURRENTLY ATTENDING THE ECC, CONTINUE ON THE OTHER SIDE.**

**IF YOU ARE NEW TO THE ECC, PLEASE FILL OUT ALL INFORMATION**

Address:		Zip:	Home Telephone:
Mother's Name:		Mother's Home Address:	
Mother's Occupation:	Mother's Employer:	Mother's Employer's Address:	
Mother's Business Telephone:	Mother's Cellular Telephone:	Mother's Pager Number:	
		Mother's E-Mail Address:	
Father's Name:		Father's Home Address:	
Father's Occupation:	Father's Employer:	Father's Employer's Address:	
Father's Business Telephone:	Father's Cellular Telephone:	Father's Pager Number:	
		Father's E-Mail Address:	
Child's Physician Information:			
Name: _____			
Address: _____			
Telephone Number: _____ Preferred Hospital: _____			

Has this child been in a childcare setting previously? \_\_\_\_\_

Name of Center: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

**Synagogue Membership:**

\_\_\_\_\_ **Congregation Beth El** \_\_\_\_\_ **Other (please specify)** \_\_\_\_\_ **None**

All full day care tuition payments are to be paid in full prior to May 29, 2010 and should be made payable to Congregation Beth El via the Early Childhood Center. All non-day care tuition payments are to be made directly to Beth El and are to be paid in full by May 29, 2010. There is no refund for absences, holidays or for inclement weather that necessitates the closing of school. By May 29, 2010 the parent or guardian is required to provide the Early Childhood Center with a completed orientation packet. These will be forwarded at a later date.

An enrollment conference with the director and/or classroom teacher may be required prior to the child's first day of attendance. The Early Childhood Center of Congregation Beth El reserves the right to determine whether it can accommodate the needs of each individual child and may determine that it cannot provide an appropriate setting for a particular child. In such case, the financial responsibilities of the child's family will be terminated as of the exit date. In the case of a special needs child, the Early Childhood Center reserves the right to require that copies of the child's evaluation and/or the Individual Family Service Plan be forwarded to the director prior to enrollment. This information will be kept confidential by the administrative office and teachers.

The Early Childhood Center of Congregation Beth El reserves the right to require prompt evaluation of behavior and/or learning patterns of a child which affect his/her school performance and adjustment. If such evaluation is required, the parent and/or guardian shall arrange, at their expense, for this to occur within thirty days of notification from the school. If the evaluation is not performed within this time frame the school reserves the right to terminate this agreement and the financial responsibilities of the child's family will be terminated as of the exit date.

The fee for late pick-up is \$15 for each fifteen minutes or any part of fifteen minutes and \$25.00 for every fifteen minutes thereafter. **All late pick-up fees are payable at the time of service.**

A program may be canceled if there is not adequate registration, as determined by the Early Childhood Committee, by April 30, 2010.

**The undersigned assumes responsibility for all school fees and other charges.** If a child is withdrawn from the school by the parent or guardian for any reason other than at the request of the school, said parent or guardian is responsible to pay one **extra month's tuition** following the withdrawal.

In the event that a medical emergency occurs, the Early Childhood Center of Congregation Beth El is authorized to seek emergency medical care for my child as deemed necessary by the Director and/or her/his designee.

Permission is granted for the following:

- photographs of child to be taken while in the Early Childhood Center and to be used both internally and externally for publicity.
- release of information to enrolled families for use in creating class lists.

**RECIPROCAL REQUEST** – Please indicate below if you have a request for another child to be in your class. You are limited to one request and it must be reciprocal.

Child's Name: \_\_\_\_\_

**PAYMENT AGREEMENT:**

Payment, in full, is due by May 29, 2010

The Early Childhood Center reserves the right to reverse any credits provided against synagogue membership in the event Early Childhood tuition is not paid in accordance with the payment terms established for each child.

*The undersigned agrees to pay the tuition due for the classes requested on the Selection Forms in accordance with the arrangements requested above.*

**Parent's/Guardian's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's/Guardian's Signature** \_\_\_\_\_

The Early Childhood Center of Congregation Beth El reserves the right to refuse admission in the event that the above signed party fails to submit a completed orientation packet and to meet the financial obligation noted above.