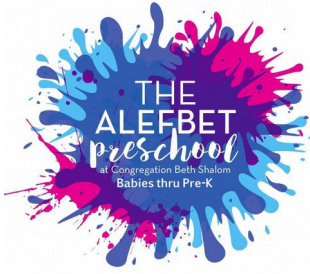


**REGISTRATION
2019—2020**



5303 Winters Chapel Road
Atlanta, GA 30360
770-399-7622

preschool@bshalom.net



THE ALEFBET PRESCHOOL

of Congregation Beth Shalom
 5303 Winters Chapel Road Atlanta, Georgia
 30360 Phone: 770-399-7622 Fax: 770-399-0766
 Email: preschool@bshalom.net

2019—2020

<i>CORE DAY PROGRAM - payment plan starts July 2019</i>		<i>9:30 am-1:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$5,537 per year	\$6,337 per year
<u>Five Day Program</u>	\$7,030 per year	\$7,978 per year

<i>EXTENDED DAY PROGRAM - payment plan starts July 2019</i>		<i>8:30 am-3:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$6,657 per year	\$7,805 per year
<u>Five Day Program</u>	\$8,922 per year	\$10,518 per year

<i>FULL DAY PROGRAM - payment plan starts July 2019</i>		<i>7:30 am-6:00 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$ 7,721 per year	\$8,931 per year
<u>Five Day Program</u>	\$10,766 per year	\$12,468 per year



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REGISTRATION INFORMATION FOR 2019-2020

Priority registration for current preschool families begins on March 5, 2019.

Open registration for the community begins on March 15, 2019!

Each registration must be accompanied by a completed Registration Form along with a deposit of \$250 per child.

The nonrefundable and nontransferable deposit of \$250 per child is due with the application. The \$250 will be applied to the final tuition payment.

Accounts must be in good standing for deposit to be applied to the final payment. To receive deposit credit on early withdrawals, a written 30-day notice must be received.

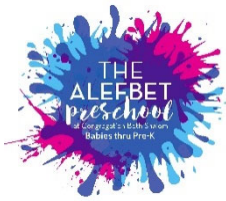
There is a sibling discount of 5%, applicable to siblings for families enrolling more than one child. In case of early withdrawal, the discount will not apply.

1. Annual payment in full — dated August 1, 2019 (5% discount, check or direct debit). Debit form or check must be received by July 2, 2019.
2. Semi-annual payment — dated Aug. 1, 2019 & January 1, 2020 (3% discount, checks or direct debit). Form or checks must be received by July 2, 2019.
3. 10 equal payments — July, 2019 - April, 2020 (10 post-dated checks or direct debit). Post-dated checks must be received by July 2, 2019. Direct debit forms must be received by June 20, 2019.
4. Regardless of enrollment or start date, payments must be completed by April 2020.

You may elect a payment option of any day prior to the 20th of the month. Please make post-dated checks payable to Congregation Beth Shalom and write “preschool” on the memo line. If paying by direct debit, please complete the Debit Authorization form. If you are a continuing family and the information is the same, please initial the box on the top of the DD form. Returned payment fees: \$25 debits and \$35 checks.

Add-Ons:

We understand there may be times where you will need your child to have extra hours here at the preschool, and we are here to help! When needed, the Director must be notified at least 48 hours in advance and must approve this addition/change whether needed only on a single day or permanently. The rate is \$10 per hour or any part thereof.



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REGISTRATION FORM 2019-2020

Please type (or print clearly) and return this form with your deposit. The deposit is \$250 per child. The deposit is nonrefundable and nontransferable. This deposit will be applied to final payment—if leaving before the end of the year, we will require a minimum 30 day written notice. The registration process **must** include this completed form and the deposit.

Application date: _____ Anticipated Start Date: _____
Child's Name: Last _____ First _____
Child's Birthdate/year: _____ Gender: ___ Boy ___ Girl
Child's age as of Sept. 1, 2019 _____ Nickname _____
Siblings: names, ages and schools _____

PLEASE CHECK THE 3 or 5 DAY OPTION AND HOURS OPTION DESIRED:

Days: _____ 3 day option M, W, F **OR** _____ 5 day option (Pre-K is a 5 day program)

Hours: _____ Core Day (9:30-1:30) _____ Extended Day (8:30-3:30) _____ Full Day (7:30-6:00)

Mother's Name _____ Mother's Cell Phone _____

Mother's E-mail _____

Address: _____ City _____ Zip Code _____

Father's Name _____ Father's Cell Phone _____

Father's E-mail _____

Address: _____ City _____ Zip Code _____

Current Alefbet Preschool Family? ___ Yes ___ No

If not, who can we thank for referring you to Alefbet? _____

CBS Member? ___ Yes ___ No Other Synagogue Affiliation? _____

Is your child current with immunizations? _____ **YES** _____ **NO (explain on back)**

Payment Options: Please refer to attached Registration Information sheet for these details. A

Direct Debit Authorization form is attached. Please mark your payment choice:

1. Annual Payment _____ Debit or _____ Check
2. Semi-annual payments _____ Debit or _____ Check
3. 10 equal payments (July-Apr) _____ Debit or _____ For later starts: all payments must be completed by April

Upon completion of this form, you will then receive a confirmation email from the Finance Office. I have read and agree to the terms in the attached Enrollment Information page.

Parent's Signature _____ Date _____

Date Application Received: _____ Amt. Paid: _____ Direct Debit: _____ Check # _____

Class: 1s 2s 3s Pre-K

Our current information on file is accurate. Please continue charging this account. INITIAL: _____

DIRECT DEBIT (E-CHECK) AUTHORIZATION FORM 2019-2020

I (we), _____ hereby authorize **Congregation Beth Shalom**, to debit \$ _____ from my/our account.

Please debit my/our account on the _____ (1st to 20th) of each month.

Payments are processed on the next business day if the selected date falls on a weekend or holiday.

Pay the following (please check all that apply):

_____ Alefbet Preschool Tuition and Fee Charges _____ Before/Aftercare
_____ PTO Fees and Donations _____ Other Preschool Charges (T-shirts, etc.)

PTO fees will be added to the September payment. Aftercare charges will be added to the next monthly payment.

Name on Account: _____ Bank Name: _____

City: _____ State: _____ ZIP: _____

Account Type: (check one) _____ Checking _____ Savings

Account Number: _____

Bank Routing Number: _____

This authorization is to remain in full force and effect for the school year or until **Congregation Beth Shalom** has received a minimum of 14 days' written notification terminating this authorization. I (we) further understand that I (we) are liable for all amounts due should a debit transaction be declined and that I (we) agree to pay a \$25 fee for all returned debit transactions.

Signature: _____

Print Name: _____ Date: _____

=====

FOR OFFICE USE ONLY Form Received: _____