

Alefbet Babies Registration 2019



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

ALEFBET BABIES EXTENDED DAY - 8:30 am-3:30 pm

	<u>CBS Members</u>	<u>Non-Members</u>
<u>Five Day Program</u>	\$10,500 per year	\$11,500 per year

ALEFBET BABIES FULL DAY - 7:30 am-6:00 pm

	<u>CBS Members</u>	<u>Non-Members</u>
<u>Five Day Program</u>	\$15,690 per year	\$17,180 per year

*PLEASE NOTE THAT TUITION IS BASED ON TWELVE MONTHS.
When appropriate to transition into the Ones classroom,
tuition will then be prorated /adjusted.*



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ALEFBET BABIES REGISTRATION INFORMATION 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 a prorated 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. The discount is applied to the lower tuition. In case of early withdrawal, the discount will not apply.

Payment Option:

- 1. Monthly payments beginning one month prior to start date by Direct Debit**
- 2. Post-Dated checks beginning one month prior to start date**

- 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.* You may elect a payment option any day prior to the 20th of each month.
- ◆ 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. If you are not on direct debit, you must have a credit card on file for these charges (a 2.5% fee applies). We will adjust your account and future payments for fees for permanent changes.



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ALEFBET BABIES REGISTRATION FORM 2019

Please 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
Baby's due date _____ Nickname _____
Siblings names, ages and schools: _____

5 Days (Other schedule requires administrative approval)

Hours: _____ **Extended Day (8:30-3:30)** _____ **Full Day (7:30-6:00)**

Mother's Name _____ Mother's Cell Phone _____
Mother's E-mail _____
Father's Name _____ Father's Cell Phone _____
Father's E-mail _____
Address: _____ City _____ Zip Code _____
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 Option: Please refer to attached Registration Information sheet for these details.

A Direct Debit Authorization form is attached.

Monthly payments only beginning one month prior to start date by Debit only

I have read and agree to the terms in the attached Enrollment Information page.

Parent's Signature _____ Date _____

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

Class: Babies

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

DIRECT DEBIT AUTHORIZATION FORM

Alefbet Babies 2019

I (we), _____ hereby authorize **Congregation Beth**

Shalom, Inc. to debit \$ _____ from my (our) account.

1. On the _____ day of each month (1st through the 20th) beginning one month prior to start date. Payments are processed on the next business day if your selected day falls on a weekend or holiday. If circumstances require a date change, please call Roberta at 770-399-5300, at least 5 business days prior to the needed change.

Paying the following (please check):

_____ Alefbet Babies Tuition & Fees _____ Other Preschool Charges
_____ PTO Fees and Donations _____ Before/Aftercare

PTO Fees will be added to your second payment,. Aftercare charges will be added to the next monthly payment.

Name on Account: _____

Bank Name: _____

City: _____ State: _____ Zip Code: _____

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 30 days' written notification terminating this authorization. I (we) further understand that I (we) am 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: _____

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For Office Use Only Form Received : _____