

REGISTRATION 2020-2021



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

preschool@bshalom.net



THE ALEFBET PRESCHOOL

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

2020-2021

<i>CORE DAY PROGRAM - payment plan starts July 2020</i>		<i>9:30 am-1:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$5,661 per year	\$6,438 per year
<u>Five Day Program</u>	\$7,320 per year	\$8,418 per year

<i>EXTENDED DAY PROGRAM - payment plan starts July 2020</i>		<i>8:30 am-3:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$6,771 per year	\$7,937 per year
<u>Five Day Program</u>	\$9,333 per year	\$10,980 per year

<i>FULL DAY PROGRAM - payment plan starts July 2020</i>		<i>7:30 am-6:00 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$7,881 per year	\$9,047 per year
<u>Five Day Program</u>	\$11,163 per year	\$12,993 per year



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REGISTRATION INFORMATION FOR 2020-2021

Registration begins on February 12, 2020. 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. In the event of early withdrawal with less than a 30 day notice, this fee will not be credited.

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%, on the lower tuition, 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 3, 2020 (5% discount, check or direct debit). Debit form or check must be received by July 2, 2020.
2. Semi-annual payment — dated Aug. 3, 2020 & January 1, 2021 (3% discount, checks or direct debit). Debit form or checks must be received by July 2, 2020.
3. 10 equal payments — July, 2020 - April, 2021 (10 post-dated checks or direct debit). Post-dated checks must be received by July 2, 2020. Direct debit forms must be received by June 20, 2020.
4. Regardless of enrollment or start date, payments must be completed by April 2021.
5. The first payment is due the month prior to start date.

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: \$35.

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.

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

DIRECT DEBIT (E-CHECK) AUTHORIZATION FORM 2020-2021

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 _____ 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 returned payment fees of \$35.

Signature: _____

Print Name: _____ Date: _____

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FOR OFFICE USE ONLY

Form Received: _____