

REGISTRATION 2021—2022



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

preschool@bshalom.net



THE ALEFBET PRESCHOOL

2021—2022

<i>CORE DAY PROGRAM - payment plan starts July 2021</i>		<i>9:30 am-1:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$5,803 per year	\$6,599 per year
<u>Five Day Program</u>	\$7,503 per year	\$8,628 per year

<i>EXTENDED DAY PROGRAM - payment plan starts July 2021</i>		<i>8:30 am-3:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$6,940 per year	\$8,135 per year
<u>Five Day Program</u>	\$9,566 per year	\$11,255 per year

ALEFBET IS PLANNING ON BEING ABLE TO PROVIDE OUR FULL DAY PROGRAM FOR 2021-2022 PRESCHOOL YEAR!

<i>FULL DAY PROGRAM - payment plan starts July 2021</i>		<i>7:30 am-6:00 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$8,078 per year	\$9,273 per year
<u>Five Day Program</u>	\$11,442 per year	\$13,318 per year



THE ALEFBET PRESCHOOL

Congregation Beth Shalom

5303 Winters Chapel Road

Atlanta, Georgia 30360

770-399-7622

Email: preschool@bshalom.net

REGISTRATION INFORMATION FOR 2021-2022

Registration begins on January 12, 2021. Each registration must be accompanied by a completed Registration Form along with a deposit of \$250 per child **until Friday, February 26, 2021.** **After this date, the registration fee increases to \$300.**

The nonrefundable and nontransferable deposit of \$250 (\$300) per child is due with the application. We will apply only \$250 to the final tuition payment. In the event of early withdrawal with less than a 30 day notice, the entire registration fee will be forfeited and there will be no reimbursement for that 30 day required notification period. 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, 2021 (there is a 5% discount for payment in full) Pay by check or direct debit. Debit form or check must be received by July 2, 2021.
2. 10 equal payments — July, 2021 - April, 2022 (10 post-dated checks or direct debit). Post-dated checks must be received by July 20, 2021. Direct debit forms must be received by July 20, 2021.
3. Regardless of enrollment or start date, payments must be completed by April 2022.
4. The first payment is due the month prior to start date.

If paying by direct debit, you may elect a payment option of any day prior to the 20th of the month. If paying by post-dated check, date must be prior to the 15th. Checks are payable to Congregation Beth Shalom. 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 Direct Debit form and include your name. 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 2021-2022

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

_____ PTO Fees and Donations

_____ Other Preschool Charges

PTO fees will be added to the September payment. Additional 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.

WOULD YOU LIKE TO MAKE A SPECIAL DONATION TO OUR PLAYGROUND FUND?

_____ \$18 _____ \$36 _____ \$72 OR \$_____. We will charge it to your account.

Signature: _____

Print Name: _____ Date: _____

=====

FOR OFFICE USE ONLY

Form Received: _____