

REGISTRATION 2023-2024



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

Risa@bethshalom.net



THE ALEFBET PRESCHOOL

2023-2024

<i>CORE DAY PROGRAM - payment plan starts July 2023</i>		<i>9:30 am-1:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$6,397 per year	\$7,275 per year
<u>Five Day Program</u>	\$8,271 per year	\$9,512 per year

<i>EXTENDED DAY PROGRAM - payment plan starts July 2023</i>		<i>8:30 am-3:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$ 7,651 per year	\$ 8,968 per year
<u>Five Day Program</u>	\$10,546 per year	\$12,407 per year

<i>FULL DAY PROGRAM - payment plan starts July 2023</i>		<i>7:30 am-6:00 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$ 8,905 per year	\$10,223 per year
<u>Five Day Program</u>	\$12,614 per year	\$14,682 per year



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REGISTRATION INFORMATION FOR 2023-2024

Registration begins on January 23, 2023. Each registration must be accompanied by a completed Registration Form along with a deposit of \$250 per child **until Sunday, February 12, 2023.** 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 1, 2023 (there is a 5% discount for payment in full) Pay by check or direct debit. Debit form or check must be received by June 20, 2023.
2. 10 equal payments — July, 2023 - April, 2024 (10 post-dated checks or direct debit beginning in July, 2023). Post-dated checks must be received by June 20, 2023. Direct debit forms must be received by June 20, 2023.
3. Regardless of enrollment or start date, payments must be completed by April, 2023.
4. The first payment is due the month prior to the school 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. Payments begin in July. 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 \$15 per hour or any part thereof.



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Congregation Beth Shalom
5303 Winters Chapel Road Atlanta, Georgia 30360
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REGISTRATION FORM 2023-2024

Please type (or print clearly) and return this form with your deposit. The deposit is \$250 per child until 2/12/23. After that date, the deposit increases to \$300 per child. The deposit is nonrefundable and nontransferable. This deposit will be applied to your 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. **PLEASE PRINT CLEARLY**

Application date: _____ Anticipated Start Date: _____
Child's Name: Last _____ First _____
Child's Birthdate and year: _____ Gender: () Boy () Girl
Child's age as of Sept. 1, 2023 _____ Nickname: _____
Sibling's 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? _____

Your child must be current with immunizations

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. 10 equal payments (July-April) _____ Debit ****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: 1's 2's 3's Pre-K

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

Alefbet Preschool and Camp Alefbet

I (we), _____ hereby authorize **Congregation Beth Shalom, Inc.** to charge our Alefbet Preschool/Camp obligations (**please select one of the following options A-D and method of payment**):

- A. _____ Pay in Full prior to start of camp/preschool C. _____ Monthly (July-April) Late start payments end in April
B. _____ Camp D. _____ Semi-Annual (July and January)

Camp payments must be completed before the start of camp. Options C & D do NOT apply to camp.

Payment date: _____ (choose any date between the first and the fifteenth).

Does not apply to camp. Camp payments must be completed before the start of camp.

Authorization is for the following:

_____ Camp _____ Preschool _____ PTO _____ Other

CREDIT/DEBIT CARD AUTHORIZATION

Name on Account: _____

Card Number _____ Expiration: _____

Billing Zip Code: _____

This authorization is to remain in full force and effect for the fiscal year or until **Congregation Beth Shalom** has received a minimum of 14 days' written notification terminating this authorization. I (we) further understand that there is a **2.25%** credit card convenience fee.

DIRECT DEBIT (E-CHECK) AUTHORIZATION

Name on Account: _____

Bank Name: _____

Account Type: (check one) _____ Checking _____ Savings

Account Number: _____

Bank Routing Number: _____

Signature: _____

Print Name: _____ Date: _____

This authorization is to remain in full force and effect for the school year or until **Congregation Beth Shalom** 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.