

Alefbet Babies Registration

2024-2025



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

preschool@bethshalom.net



THE ALEFBET PRESCHOOL
CONGREGATION BETH SHALOM
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2024-2025

ALEFBET BABIES EXTENDED DAY – 8:30 - 3:30 PM

Five Day Program	CBS Member Rate	Non-Member Rate
	\$14,325	\$16,100

ALEFBET BABIES EXTENDED DAY **PLUS – 8:30 - 5:00 PM**

Five Day Program	CBS Member Rate	Non-Member Rate
	\$17,400	\$19,500

When appropriate to transition into the Ones classroom, tuition will then be prorated/adjusted.



ALEFBET BABIES REGISTRATION INFORMATION

Each registration must be accompanied by a completed registration form along with a deposit of \$250 per child. This deposit is nonrefundable and nontransferable.

There is a sibling discount of 5%, applicable to siblings to 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 Options:

1. Monthly payments beginning one month prior to start date by Direct Debit (E-check). Please complete the Debit Authorization section of the payment authorization form and return with the application.
2. Post-dated checks (Made payable to Congregation Beth Shalom) beginning one month prior to start date.
3. By Credit Card – there is an additional fee of 2.5% per payment. Please complete the credit card section of the payment authorization form and return with the application.
4. Pay in Full by July 15th, receive a 5% discount. (Check or Direct Debit only)

** All Payments must be completed by April regardless of start date,



ALEFBET BABIES REGISTRATION FORM 2024-25

Please type (or print clearly) and return this form with your deposit. The deposit is \$250 per child. This deposit is nonrefundable and nontransferable. The registration process must include this completed form and the deposit.

Application date: _____ Anticipated Start Date _____

Child's Name: Last _____ First _____

Nickname _____

Child's Birthdate (including the year): _____ Gender: () Boy () Girl

Baby's due date _____

Siblings names, ages and schools: _____

Will your child be current with vaccinations? _____

SCHEDULE:

*Extended Day (8:30-3:30) _____ OR Extended Plus (8:30-5:00) _____

Mother's Name _____ Cell Phone _____

Mother's Email _____

Father's Name _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Current CBS Member? Yes _____ No _____

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

Parent Signature _____ Date _____

Date received: _____ Deposit: _____ Payment: _____



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

A. _____ Pay in Full **OR** B. _____ Monthly (July 2024-April 2025) and **Payment date - (choose 1st or 15th)** _____

Authorization is for the following:

_____ PTO Dues _____ Tuition _____ Supplies _____ Other

CREDIT CARD/DIRECT DEBIT 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 **2.50%** credit card convenience fee.

DIRECT DEBIT (E-CHECK) AUTHORIZATION

Name on Account: _____

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Account Type: (check one) _____ Checking **OR** _____ Savings

Account Number: _____

Bank Routing Number: _____

Signature: _____ Date _____