

# REGISTRATION 2024-2025



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

[Risa@bethshalom.net](mailto:Risa@bethshalom.net)



# THE ALEFBET PRESCHOOL

**2024-2025**

<i><b>CORE DAY PROGRAM</b></i>	<i>payment plan starts July 2024</i>	<i>9:15 am-1:15 pm</i>
	<u><b>CBS Members</b></u>	<u><b>Non-Members</b></u>
<u><b>Three Day Program</b></u>	\$6,781 per year	\$7,711 per year
<u><b>Five Day Program</b></u>	\$8,768 per year	\$10,083 per year

<i><b>EXTENDED DAY PROGRAM</b></i>	<i>payment plan starts July 2024</i>	<i>8:30 am-3:30 pm</i>
	<u><b>CBS Members</b></u>	<u><b>Non-Members</b></u>
<u><b>Three Day Program</b></u>	\$ 8,110 per year	\$ 9,507 per year
<u><b>Five Day Program</b></u>	\$11,179 per year	\$13,151 per year

***NEW OPTION!***

<i><b>EXTENDED PLUS PROGRAM</b></i>	<i>payment plan starts July 2024</i>	<i>8:30 am-5:00 pm</i>
	<u><b>CBS Members</b></u>	<u><b>Non-Members</b></u>
<u><b>Three Day Program</b></u>	\$ 8,775 per year	\$ 10,172 per year
<u><b>Five Day Program</b></u>	\$12,275 per year	\$14,357 per year

<i><b>FULL DAY PROGRAM</b></i>	<i>payment plan starts July 2024</i>	<i>7:30 am-5:30 pm</i>
	<u><b>CBS Members</b></u>	<u><b>Non-Members</b></u>
<u><b>Three Day Program</b></u>	\$ 9,440 per year	\$10,836 per year
<u><b>Five Day Program</b></u>	\$13,371 per year	\$15,562 per year



# THE ALEFBET PRESCHOOL

Congregation Beth Shalom

5303 Winters Chapel Road

Atlanta, Georgia 30360

770-399-7622

Email: [Risa@bethshalom.net](mailto:Risa@bethshalom.net)

## REGISTRATION INFORMATION FOR 2024-2025

Registration begins on January 17, 2024. Each registration must be accompanied by a completed Registration Form along with a deposit of \$250 per child **until Wednesday, February 7, 2024. After this date, the registration fee increases to \$300.**

The nonrefundable and nontransferable deposit of \$250 (\$300) per child is due with this application.

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, 2024 (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, 2024.
2. 10 equal payments — July, 2024 - April, 2025 (10 post-dated checks or direct debit beginning in July, 2024). Post-dated checks must be received by June 20, 2024. Direct debit forms must be received by June 20, 2024.
3. Regardless of enrollment or start date, payments must be completed by April, 2024.
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 15<sup>th</sup>. 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.



# THE ALEFBET PRESCHOOL

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

## REGISTRATION FORM 2024-2025

Please type (or print clearly) and return this form with your deposit. The deposit is \$250 per child until 2/7/24. After that date, the deposit increases to \$300 per child. The deposit is nonrefundable and nontransferable. 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, 2024 \_\_\_\_\_ 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)

**Hours:**

\_\_\_\_\_ Core Day (9:15-1:15) \_\_\_\_\_ Extended Day (8:30-3:30)  
\_\_\_\_\_ Extended Plus (8:30-5:00) \_\_\_\_\_ Full Day (7:30-5:30)

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**

You will 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

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

- A: \_\_\_\_\_ Pay in Full prior to start of preschool (5% discount)
- B: \_\_\_\_\_ Monthly (July-April) Late start payments end in April
- C: \_\_\_\_\_ Semi-Annual (July and January)

Payment date: \_\_\_\_\_ (choose the first or the fifteenth).

Authorization is for the following:

\_\_\_\_\_ 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 **2.5%** 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.