

REGISTRATION 2025-2026



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

Risa@bethshalom.net



THE ALEFBET PRESCHOOL

2025-2026

<i>CORE DAY PROGRAM</i>	<i>payment plan starts July 2025</i>	<i>9:15 am-1:15 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$7,052 per year	\$8,020 per year
<u>Five Day Program</u>	\$9,118 per year	\$10,486 per year

<i>EXTENDED DAY PROGRAM</i>	<i>payment plan starts July 2025</i>	<i>8:30 am-3:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$ 8,434 per year	\$ 9,887 per year
<u>Five Day Program</u>	\$11,626 per year	\$13,677 per year

<i>EXTENDED PLUS PROGRAM</i>	<i>payment plan starts July 2025</i>	<i>8:30 am-5:00 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$ 9,126 per year	\$ 10,579 per year
<u>Five Day Program</u>	\$12,766 per year	\$14,931 per year

<i>FULL DAY PROGRAM</i>	<i>payment plan starts July 2025</i>	<i>7:30 am-5:30 pm</i>
	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$ 9,817 per year	\$11,270 per year
<u>Five Day Program</u>	\$13,905 per year	\$16,185 per year



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REGISTRATION INFORMATION FOR 2025-2026

Registration is open to the community as of January 30th and the registration fee is \$300.

The nonrefundable and nontransferable deposit of \$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, 2025 (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, 2025.
2. 10 equal payments — July, 2025 - April, 2026 (10 post-dated checks or direct debit beginning in July, 2025). Post-dated checks must be received by June 20, 2025 (dated July-April). Direct debit forms must be received by June 20, 2025.
3. Regardless of enrollment or start date, payments must be completed by April, 2025.
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 2025-2026

Please type (or print clearly) and return this form with your deposit. The deposit is \$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, 2025 _____ 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.