

Registration Package  
2017—2018



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

[preschool@bshalom.net](mailto:preschool@bshalom.net)



# THE ALEFBET PRESCHOOL

of Congregation Beth Shalom  
 5303 Winters Chapel Road Atlanta, Georgia 30360  
 Phone: 770-399-7622 Fax: 770-399-0766  
 Email: preschool@bshalom.net  
 2017—2018

## **CORE DAY PROGRAM FEES** - payment plan starts July 2017 **9:30am-1:30pm**

	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$4,920 per year	\$5,630 per year
<u>Five Day Program</u>	\$6,670 per year	\$7,570 per year

## **EXTENDED DAY PROGRAM FEES** - payment plan starts July 2017 **8:30am-3:30pm**

	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$5,915 per year	\$6,935 per year
<u>Five Day Program</u>	\$8,465 per year	\$9,980 per year

## **FULL DAY PROGRAM FEES** - payment plan starts July 2017 **7:30am-6:00pm**

	<u>CBS Members</u>	<u>Non-Members</u>
<u>Three Day Program</u>	\$6,860 per year	\$7,935 per year
<u>Five Day Program</u>	\$10,215 per year	\$11,830 per year



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## *REGISTRATION INFORMATION for 2017—2018*

- ⇒ Priority registration for current preschool families begins on January 5th, 2017. Open registration for the community begins on January 19th, 2017!
- ⇒ Each registration must be accompanied by a completed Registration Form along with a deposit of \$250 per child.
- ⇒ The nonrefundable and nontransferable deposit of \$250 per child is **due with the application** which will be applied to the final tuition payment. **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%, applicable to siblings for families enrolling more than one child. In case of early withdrawal, the discount will not apply.

### **Tuition Payment Plan Options beginning July 3, 2017**

1. **Annual payment in full — dated August 1, 2017 (5% discount, check or direct debit). Form or check must be received by July 3, 2017.**
  2. **Semi-annual payment — dated Aug. 1, 2017 & January 1, 2018 (3% discount, checks or direct debit). Form or checks must be received by July 3, 2017.**
  3. **10 equal payments — July, 2017 - April, 2018 (10 post-dated checks or direct debit). Post-dated checks must be received by July 3, 2017.**
  4. **Regardless of enrollment or start date, payments must be completed by April 2018.**
- You may elect a payment option of either the 1st or the 15th of the month.
  - ♦ Please make post-dated checks payable to **Congregation Beth Shalom** and write “preschool” on the memo line. If paying by direct debit, please complete the Debit Authorization form. You may elect to pay on the first or the fifteenth of each month. Returned payment fees: \$25 debits and \$35 checks.

#### 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.



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## REGISTRATION FORM FOR SCHOOL YEAR 2017—2018

Please print clearly and return this form with your deposit. The Deposit is \$250 per child. The deposit is nonrefundable and nontransferable. This deposit will be applied to 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.

Application date: \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Child's Birthdate/year: \_\_\_\_\_ Gender: ( ) Boy ( ) Girl

Child's age as of Sept. 1, 2017 \_\_\_\_\_ Nickname \_\_\_\_\_

Siblings names, ages and schools: \_\_\_\_\_

**PLEASE CIRCLE 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 \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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? \_\_\_\_\_

**Payment Options :** Please refer to attached Registration Information sheet for these details. A Direct Debit Authorization form is also attached. Please circle your payment choice:

- 1. Annual payment                      Debit    or    Check
- 2. Semi-annual payments              Debit    or    Check
- 3. 10 equal payments (July-Apr) Debit    or    10 post-dated checks (for later starts, all payments must be completed by April)

On 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 \_\_\_\_\_

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Date Completed Application Received : \_\_\_\_\_ Amt: \_\_\_\_\_ Check # \_\_\_\_\_

# **DIRECT DEBIT AUTHORIZATION FORM**

## **Alefbet Preschool 2017- 2018**

I (we), \_\_\_\_\_ hereby authorize **Congregation Beth**

**Shalom, Inc.** to debit \$ \_\_\_\_\_ from my (our) account.

1. \_\_\_\_\_ on the first (1st) day of each month beginning July 2017 through April 2018

2. \_\_\_\_\_ on the 15<sup>th</sup> day of each month beginning July 2017 through April 2018

Payments are processed on the next business day if the 1<sup>st</sup> or 15<sup>th</sup> falls on a weekend or holiday.

Paying the following (please check):

\_\_\_\_\_ Alefbet Preschool Tuition & Fees

\_\_\_\_\_ Other Preschool Charges

\_\_\_\_\_ PTO Fees and Donations

\_\_\_\_\_ Aftercare

PTO Fees will be added to the September payment,. Aftercare charges will be added to the next monthly payment.

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 30 days' written notification terminating this authorization. I (we) further understand that I (we) am liable for all amounts due should a debit transaction be declined and that I (we) agree to pay a \$25 fee for all returned debit transactions.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only      Form Received : \_\_\_\_\_