

Registration 2018—2019



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

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

2018—2019

CORE DAY PROGRAM - *payment plan starts July 2018* **9:30 am-1:30 pm**

| | <u>CBS Members</u> | <u>Non-Members</u> |
|--------------------------|--------------------|--------------------|
| <u>Three Day Program</u> | \$5,537 per year | \$6,337 per year |
| <u>Five Day Program</u> | \$7,030 per year | \$7,978 per year |

EXTENDED DAY PROGRAM - *payment plan starts July 2018* **8:30 am-3:30 pm**

| | <u>CBS Members</u> | <u>Non-Members</u> |
|--------------------------|--------------------|--------------------|
| <u>Three Day Program</u> | \$6,657 per year | \$7,805 per year |
| <u>Five Day Program</u> | \$8,922 per year | \$10,518 per year |

FULL DAY PROGRAM - *payment plan starts July 2018* **7:30 am-6:00 pm**

| | <u>CBS Members</u> | <u>Non-Members</u> |
|--------------------------|--------------------|--------------------|
| <u>Three Day Program</u> | \$7,721 per year | \$8,931 per year |
| <u>Five Day Program</u> | \$10,766 per year | \$12,468 per year |

ALEFBET BABIES FULL DAY - *payment plan starts July 2018* **7:30 am-6:00 pm**

| | <u>CBS Members</u> | <u>Non-Members</u> |
|-------------------------|--------------------|--------------------|
| <u>Five Day Program</u> | \$12,090 per year | \$13,578 per year |

**** PLEASE NOTE THAT WE ADDED 5 DAYS TO OUR PRESCHOOL YEAR**



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REGISTRATION INFORMATION for 2018—2019

- ⇒ Priority registration for current preschool families begins on February 5, 2018. Open registration for the community begins on February 16, 2018!
- ⇒ 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**. The \$250 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 2, 2018

1. **Annual payment in full — dated August 1, 2018 (5% discount, check or direct debit). Form or check must be received by July 2, 2018.**
 2. **Semi-annual payment — dated Aug. 1, 2018 & January 1, 2019 (3% discount, checks or direct debit). Form or checks must be received by July 2, 2018.**
 3. **10 equal payments — July, 2018 - April, 2019 (10 post-dated checks or direct debit). Post-dated checks must be received by July 2, 2018. Direct debit forms must be received by June 20, 2018.**
 4. **Regardless of enrollment or start date, payments must be completed by April 2019.**
- 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. *If you are a continuing family and the information is the same, please initial the box on the top of the DD 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 2018—2019

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: _____

Anticipated Start Date: _____

Child's Name: Last _____

First _____

Child's Birthdate/year: _____

Gender: () Boy () Girl

Child's age as of Sept. 1, 2018 _____

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? _____

Is your child current with immunizations? **YES** **NO (explain on back)**

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 Application Received : _____ Amt Paid: _____ Direct Debit _____ Check # _____

Class: Babies 1s 2s 3s Pre-K

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

DIRECT DEBIT AUTHORIZATION FORM

Alefbet Preschool 2018- 2019

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 2018 through April 2019

2. _____ on the 15th day of each month beginning July 2018 through April 2019

Payments are processed on the next business day if the 1st or 15th falls on a weekend or holiday. If circumstances require a date change, please call Roberta at 770-399-5300, at least 5 business days prior to the needed change.

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 : _____