

WELCOME TO



Where children are our world

**Kindly read and sign all pages of
STUDENT ENROLMENT PACKET.
Return on or before your child's first day.**

**Hours of operation:
M-F 7:00am – 5:30pm**

**Ronit Goldstein
E.C.C. Director
954-722-9537
preschool@tbtst.org
Website: tbtst-ecc.com**

STUDENT PROFILE

Child's Name _____ Previous School Experience _____

Birth date _____ Home phone # _____ E-mail Address _____

Home Address _____

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

Parents are: Married ___ Divorced ___ Separated ___ Widowed ___ Single ___ Student Lives With _____

Allergies (**be specific**): Are there any foods your child cannot eat? Are there any animals your child cannot touch or be near?

Are there any physical conditions that teachers and staff should be made aware?

Does your child need help in: Dressing _____ Undressing _____ Washing Hands _____
Toileting _____ Eating _____ Other _____

Does your child have any specific fears? _____ yes _____ no

If yes, please explain... _____

Does your child usually sleep well? _____

Does your child need to be reminded to go to the bathroom? _____

At what age was your child toilet trained? _____

What terms are used in your house in reference to toileting? _____

Please describe any toileting issues (constipation, prone to diaper rash, prone to infection...)

Please describe any developmental concerns

Describe your child's general health (frequent colds, ear infections, fevers...) and if your child has been diagnosed with anything (autism spectrum, speech delays, etc.)

****You must submit your child's good health and immunization forms along with registration****

Being that TBTST, a private Pre-School paid for by you, we do not have an absentee limitation. However, please be aware that every time your child is absent, he/she is missing valuable learning time and days **cannot** be made up.

If you have enrolled your child in the state funded Voluntary Pre-K program, you child's absences **are limited to twenty** days. If you exceed **twenty** days absences, you will be asked to withdraw from the state funded program and begin paying regular Pre-School fees.

PICK-UP AUTHORIZATION FORM

Child's Name _____

Secret Code _____ (everyone authorized to pick up, must know this code.)

Please list two emergency contacts other than parents:

1. Name _____ Relationship _____ Phone# ____ - ____ - ____

2. Name _____ Relationship _____ Phone# ____ - ____ - ____

Who is NOT permitted to pick up your child from school? _____

Print Name Parent/Guardian

Parent/Guardian Signature

Date

MEAL & FOOD PLAN

In accordance with the Broward County Child Care Ordinance, parents and the childcare facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when lunches are not provided by the facility.

Please read the following carefully, and sign.

The facility agrees to provide a nutritious:

The parent agrees to provide a nutritious:

- Light Breakfast (Early drop off before 8:00 a.m.)
- Mid-Morning
- Mid-Afternoon Snack (During after care hours)

____ Lunch

Meals provided by parents should consist of the following:

- | | | |
|----|------------------------|---|
| A. | Cheese | 2 ounces |
| | Or eggs | 1 egg |
| | Or peanut butter | 4 tablespoons |
| | Or dried beans & peas | 1/2 cup |
| B. | Fruits (2 or more) | 1/2 cup |
| | Or vegetables | 1/2 cup |
| | Or fruits & vegetables | 3/4 cup (total amt. Must equal 3/4 cup) |
| C. | Bread | 1 slice |
| D. | Butter | 1 teaspoon |

Please Note: The above list is provided by DCF. However, in consideration of the fact that we are a Jewish organization, we ask that you observe the Kashrut policy. Specifically, we ask that you do not send meat of any kind in your child's lunch

I have read the proceeding and agree to meet my child's nutritional needs as defined above.

Print Name

Parent/Guardian Signature

Date

EMERGENCY MEDICAL PROCEDURES

Child's Physician: _____ Phone #: _____

Medical Insurance Co. _____ Phone#: _____

Policy # _____

SHOULD EMERGENCY MEDICAL TREATMENT BE REQUIRED BY YOUR CHILD WHILE AT SCHOOL, THE FOLLOWING PROCEDURE WILL BE FOLLOWED...

1. Temple Beth Torah Sha'aray Tzedek will first call parent(s) or guardian(s). If they cannot be reached, the emergency phone numbers given to us and/or your personal physicians will be called.
2. If parents, emergency numbers and physician are unavailable, and emergency attention is required, the Broward County Emergency Medical Service Department (911) will be called. If the BCEMS paramedics feel that hospital care should be rendered immediately, please indicate where you want us to advise the BCEMS that you prefer your child be taken...

 ___A. Nearest facility best equipped to handle the particular emergency in the eyes of the BCEMS paramedic.
 ___B. The following designated hospital _____
3. The Temple Beth Torah Sha'aray Tzedek staff will, of course, continue, in its efforts to contact you to apprise you of the situation.

I hereby authorize Temple Beth Torah Sha'aray Tzedek to seek emergency medical treatment for my child(ren) in the event of an accident, injury, or illness.

Signature of Parent/Guardian: _____ Date _____

Consent Form

PRIVATE INFORMATION: I hereby _____ consent OR _____ withhold consent to release my child's name, and my email address to the Room Parents and PSO Chairs solely for school use purposes by initialing the line to the left of the selected choice.

EMAIL DISTRIBUTION: I hereby _____ consent OR _____ withhold consent for parents to receive my email address (not names) ***for birthday invitations only.***

PHOTO RELEASE: I hereby _____ consent OR _____ withhold consent to allow photographs or likenesses of my child(ren) to be used in TBTST advertising material, social media or other forms of publications or to be published in the local media by initialing the line to the left of the selected choice.

TECHNOLOGY USE: I hereby _____ consent OR _____ withhold consent to allow my child to use web-based programs and Apps, for educational purposes, as described by COPPA, the Children's Online Privacy Protection Act (1988), by initialing the line to the left of the selected choice.

Print Child's Name

Parent/Guardian Name

Signature

Date

DAY CARE BROCHURE

I have read KNOW YOUR CHILD'S DAY CARE issued by childcare licensing.

Child's Name	Parent/Guardian Signature	Date

PARENT HANDBOOK

I HAVE CAREFULLY READ THE TEMPLE BETH TORAH SHA'ARAY TZEDEK PRE-SCHOOL POLICIES AND PROCEDURES IN THE PARENT HANDBOOK AND AGREE TO ABIDE BY THEM.

Print Parent/Guardian Name	Signature	Date

NEW FAMILY ORIENTATION

Please sign and date below that you have been provided an orientation to the program that has included a tour of the facility, introduction to staff and your child's teacher, overview of the parent handbook, discussion of expectations of family and the needs of the child, overview of family resources and activities, an interpreter available if needed and the opportunity to extend your tour in the classroom until comfortable with the program.

Print Parent/Guardian Name	Signature	Date

PARENT PERMISSION AND RELEASE FORM

THE UNDERSIGNED, as parent(s) or guardian(s) of _____ in consideration of the permission granted to my child(ren) or ward(s) by Temple Beth Torah Sha'aray Tzedek to participate in its activities and programs, upon such terms and conditions as Temple Beth Torah Sha'aray Tzedek may determine, do here to absolutely release and agree to hold harmless Temple Beth Torah Sha'aray Tzedek , its officers, directors, employees, agents and servants, from all liability, actions, damages, or claims which the undersigned, their heirs, administrators or assigns may have against Temple Beth Torah Sha'aray Tzedek and other described parties for all liability for mishap, damage, or injury to my child(ren) or ward(s) or to their property, arising by or through participation in the activities and programs of Temple Beth Torah Sha'aray Tzedek or from the acts or conduct of other participants, except to the extent of coverage that your child(ren) are insured through a Temple Beth Torah Sha'aray Tzedek policy.

The undersigned have read this release, understand its contents, and execute it voluntarily with full knowledge of its significance.

ANNUAL TUITION SCHEDULE

Our school tuition at Temple Beth Torah Sha'aray Tzedek is based on an ANNUAL fee. You are welcome to pay your tuition in 10 installments or in one single payment. There will be a 5% discount if tuition is paid in full. Payments are NOT based on the school days of each month; these are simply divided for your convenience. The first tuition payment is due August 1, 2022 and the final payment is due May 1, 2023. There is a non-refundable \$250 deposit that is required by August 1, 2022, or sooner if you wish to hold your child's spot prior to the school year starting. This deposit will be applied to your May payment, which is your 10th payment.

Please follow the payment schedule below and label your checks accordingly...

PAYMENT #1 & Non-refundable \$250 Deposit	DUE August 1st
PAYMENT #2	DUE September 1st
PAYMENT #3	DUE October 1st
PAYMENT #4	DUE November 1st
PAYMENT #5	DUE December 1st
PAYMENT #6	DUE January 1st
PAYMENT #7	DUE February 1st
PAYMENT #8	DUE March 1st
PAYMENT #9	DUE April 1st
PAYMENT #10 (minus \$250)	DUE May 1st

Please be reminded that all tuition payments are due on the 1st of each month and **MUST** be received no later than the 5th of each month to maintain your child's enrollment. Payments received on the 6th of the month or later are subject to a \$25 late fee. If you incur 3 months of late payments, you will be obligated to sign up for automatic credit/debit card withdrawal on the 1st of each month. There are no refunds, proration's or credits given for illnesses, vacations, withdrawal, hurricanes or any other natural disasters.

We understand that during the course of the school year you may need to adjust your child's schedule. You are allowed 2 complimentary schedule changes per school year. After that there will be a \$75 schedule change fee for each time you adjust your schedule.

For your convenience, the temple will accept payments by cash, personal check, ACH withdrawal, Venmo (@TBTST), MasterCard, Visa, Discover, or American Express. However, there is a 3% processing fee on all card transactions.

There is a \$100.00 mandatory activity fee payable to Temple Beth Torah Sha'aray Tzedek. Each family is responsible for a mandatory \$250 security fee paid annually.

In the unlikely event that your child does not complete the full school year, you will forfeit your deposit. We require 30 days written notice to terminate care. We do not refund, pro-rate, or credit tuition. You will be unable to drop out for vacation time and come back. If this happens, your child will be unable to return to school unless previous payments are up to date. **REMEMBER**, this is not a day care! It is a private Pre-School and tuition is based yearly, not monthly.

____ I understand that Temple Beth Torah Sha'aray Tzedek ECC has a no-refund policy on all school tuition and school related fees.

____ I understand that there will be NO refunds or pro-rations if my child is absent, withdraws, is dismissed on disciplinary action, or in case of a natural disaster.

____ If my child misses a day or a week of school, I will not be compensated with other weeks or days of school.

Print Parent/Guardian Name

Signature

Date

Parent – School Agreement 2022 – 2023 School Year

We believe that parent participation is a very important part of our overall program. One of the best ways a parent can participate is by reading all important information given. Please check the following lists and make sure that you are not missing any of the information and if you are missing something, please come to the office and we will gladly give it to you.

I have signed, completed, and returned the following documents:

- Student Enrollment package which includes:
 - Sick policy
 - Pick-up Authorization form
 - Parent Permission & Release Form
 - Discipline Statement
 - Consent Form
 - Meal & Food Plan
 - Tuition Schedule
 - Emergency Medical Procedures
 - Billing Policies & Procedures
 - Covid-19 Waver

I received the following materials:

- Parent Handbook
- Preschool Yearly and Monthly Calendars

I understand and agree that:

- I am responsible to read, know and abide by all policies and guidelines outlined in the above information.
- I will receive a weekly newsletter via email, or any other form of electronic communication. I will read it so that I will know what is going on each week.
- I will do my best to participate in as many school activities as possible throughout the school year. (Hanukkah program, Purim Carnival, PSO meetings, etc.)
- I will dress modestly when I am on school property.
- I will not smoke on school property.
- I will attend the new student/parent orientation on the date given by the school.

Child's Name

Parent/Guardian Signature

Date

