



**TEMPLE BETH TORAH  
SHA'ARAY TZEDEK  
EARLY CHILDHOOD CENTER**  
 5700 NW 94<sup>th</sup> Ave. – Tamarac, FL 33321  
 Tel: (954) 722-9537 Fax: (954) 718-2453  
 Email: preschool@tbtst.org

We do not discriminate against sex, race or religion.

**EARLY CHILDHOOD REGISTRATION FORM**

Date of Enrollment \_\_\_\_\_

\_\_\_\_\_ Male / Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Child's Name Please Circle Birthdate Age by Sept. 1, 2022

How did you hear about us? \_\_\_\_\_

	<b>Parent 1</b>	<b>Parent 2</b>
Name		
Address		
City/State/Zip		
Cell Number		
Work Number		
Email		
Occupation		

**Please indicate your preferred number for us to call.**

Child resides with: Both\_\_\_ Mom\_\_\_ Dad\_\_\_ Other\_\_\_

**EMERGENCY CONTACTS:** (in the event that a parent/legal guardian cannot be reached)

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>

**PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL:**

Jan. 2022

Name	Relationship

**Secret Code** \_\_\_\_\_ (everyone authorized to pick up must know this code.)

**IS THERE ANYONE NOT PERMITTED TO PICK YOUR CHILD UP FROM SCHOOL? PLEASE LIST THE NAME[S] HERE:**

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**MEDICAL INFORMATION:**

Child's physician	Phone Number

**ALLERGIES/MEDICATION:** (Please list all known allergies and any medications taken)

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**\*\*Medical Forms Must Be On File Prior to the First Day of School \*\***

**\*\*Religious Exemption is not accepted\*\***

TBTST ECC staff is required to protect the privacy of student records to which they have access. I authorize TBTST ECC employees with a legitimate interest to access records for above named student.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## FEES and SCHEDULE

<b>INFANTS</b> (2- 15* months) <small>* denotes approximate age</small>	<b>TODDLERS</b> (15*-24 months)	<b>TWO YEAR OLDS</b> (2 Years by Sept. 1)	<b>THREEBEEES</b> (3 Years by Sept. 1)	<b>PRE-K</b> (4 Years by Sept. 1)
	5 Days	3 Days	<b>VPK (voucher required)</b>	
9:00 a.m. – 12:00p.m.	<b>X</b>	<b>X</b>	FREE OF CHARGE	
9a.m. – 1 p.m.	\$741 per month	\$664 per month	<b>X</b>	
9 a.m – 3 p.m.	\$816 per month	\$737 per month	\$524 per month	
9 a.m. – 4:30 p.m.	\$953 per month	\$848 per month	\$661 per month	
7 a.m. – 3 p.m.	\$958 per month	\$843 per month	\$666 per month	
7 a.m. – 4:30 p.m.	\$1,095 per month	\$954 per month	\$803 per month	
7 a.m. – 5:30 p.m.	\$1,171 per month	\$1,005 per month	\$ 879 per month	

*If the above times do not meet your needs, we are more than happy to discuss times and prices.*

### Free Temple membership to families who have children in the ECC only

Tuition is based on a full school year and, for your convenience, payable in ten proportional payments (Tuition Periods). The initial payment is due by August 1<sup>st</sup> along with a nonrefundable \$250 deposit that will be applied to May tuition. Subsequent payments due by the 1<sup>st</sup> day of each month from September 1 through April 1. Remaining balance due May 1<sup>st</sup>. Payments are due on the 1<sup>st</sup> of each month and late after the 5<sup>th</sup> of the month. A late fee of \$25 will be applied after the 5<sup>th</sup> of each month. There will be a \$25 fee on any returned checks. There will be a fee of \$75 for more than one change in schedule throughout the school year. ***TBTST never charges a registration fee.***

I agree to make tuition payments as scheduled below. 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 or mandatory closure due to COVID-19. If my child misses a day or a week of school, I will not be compensated with other weeks or days of school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

- Please choose a payment option:
1.  Pay monthly by check the 1<sup>st</sup> of each month
  2.  ACH Automatic withdrawal the 1<sup>st</sup> of each month  
(Void check required)
  3.  Automatically charge my credit card the 1<sup>st</sup> of each month  
3% convenience fee apply to each transaction.

Card # \_\_\_\_\_ CVV Code \_\_\_\_\_

Exp Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ # of Months \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Billing Address for Credit Card \_\_\_\_\_

**\*Siblings receive a 5% discount on the lowest tuition amount. 5% discount for teachers and first responders.**

**ADDITIONAL ONE TIME NONREFUNDABLE CHARGES PER SCHOOL YEAR:** \$100 Mandatory Activity Fee, \$250 Security Fee (Per Family), \$250 deposit which will be applied to May tuition. ***All Due by Aug 1<sup>st</sup>.***