



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

We do not discriminate on the basis of sex, race or religion.

EARLY CHILDHOOD REGISTRATION FORM

Date of Enrollment _____

_____ Male / Female _____ / _____ / _____
 Child's Name Please Circle Birthdate Age by Sept. 1, 2024

How did you hear about us? _____

	Parent 1	Parent 2
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)

Name	Relationship	Phone Number

PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL:

Name	Relationship

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

MEDICAL INFORMATION:

Child's physician	Phone Number

ALLERGIES/MEDICAL CONDITION/MEDICATIONS: (Please list all known allergies and any medications taken)

****Medical Forms and Immunization Record Must Be On File Prior to the First Day of School ****

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 the above named student.

Name: _____ Signature: _____ Date: _____

I hereby 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. This consent is really helpful in allowing us to publicize our school.

Name: _____ Signature: _____ Date: _____

FEES and SCHEDULE

INFANTS (2- 15* months) <small>* denotes approximate age</small>	TODDLERS (15*-24 months)	TWO YEAR OLDS (2 Years by Sept. 1)	THREEBEEES (3 Years by Sept. 1)	PRE-K (4 Years by Sept. 1)
	5 Days	3 Days	VPK (voucher required)	
9:00 a.m. – 12:00p.m.	X	X	FREE OF CHARGE	
9a.m. – 1 p.m.	\$786 per month	\$704 per month	X	
9 a.m – 3 p.m.	\$865 per month	\$782 per month	\$556 per month	
9 a.m. – 4:30 p.m.	\$1,011 per month	\$899 per month	\$701 per month	
9:00 a.m.– 5:30 p.m.	\$1,092 per month	\$1,047 per month	\$782 per month	
7:00 a.m.-1:00 p.m.	\$936 per month	\$894 per month	\$424 per month	
7 a.m. – 3 p.m.	\$1,017 per month	\$898 per month	\$706 per month	
7 a.m. – 4:30 p.m.	\$1,162 per month	\$1,011 per month	\$852 per month	
7 a.m. – 5:30 p.m.	\$1,242 per month	\$1,066 per month	\$ 932 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 1st along with a nonrefundable \$250 deposit that will be applied to May tuition. Subsequent payments due by the 1st day of each month from September 1 through April 1. Remaining balance due May 1st. Payments are due on the 1st of each month and late after the 5th of the month. A late fee of \$25 will be applied after the 5th 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. 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 1st of each month
 2. ACH Automatic withdrawal the 1st of each month
(Void check required)
 3. Automatically charge my credit card the 1st of each month
3% convenience fee applies 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, \$350 Security Fee (Per Family), \$250 deposit which will be applied to May tuition. ***All required to secure your child's spot in school.***