



2025 - 2026

**TEMPLE BETH TORAH
SHA'ARAY TZEDEK
EARLY CHILDHOOD CENTER**
5700 NW 94th Ave. – Tamarac, FL 33321
Tel: (954) 722-9537

Email: preschool@tbtst.org

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

EARLY CHILDHOOD REGISTRATION FORM

Date of Enrollment _____

Child's Name _____ Male / Female _____ / _____ / _____
Please Circle Birthdate Age by Sept. 1, 2025

How did you hear about us? _____

Religious Affiliation if any (all are welcome) _____

	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: Mom___ Dad___ Both___ Other___

Please list the names and birthdays or ages of siblings: (optional) _____

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

Name	Relationship	Phone Number	Are they authorized to pick up?

PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL: (PLEASE WRITE LEGIBLY)

Name	Relationship

PICK UP CODE: _____**IS THERE ANYONE WHO IS SPECIFICALLY 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 ****

All students in Florida must be fully vaccinated and have an official immunization form or temporary medical exemption (Form DH680) from a licensed medical provider on file at their school to attend school. Students may also qualify for an exemption based on religious grounds (Form DH681). Proof of vaccination or a qualified exemption must be on file.

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) * denotes approximate age-	TODDLERS (15*-24 months)	TWO YEAR OLDS (2 Years by Sept. 1)	THREES (3 Years by Sept. 1)	PRE-K (4 Years by Sept. 1)
	Infants	Toddlers, 2's, 3's	VPK (voucher required)	
9:00 a.m.-12:00 p.m.	X	X	FREE OF CHARGE	
9 a.m. – 12:45 p.m.	\$925 per month	\$899 per month	\$225 per month	
9 a.m. – 3 p.m.	\$1030 per month	\$1000 per month	\$667 per month	
9 a.m. – 4:30 p.m.	\$1206 per month	\$1170 per month	\$805 per month	
9:00 a.m.– 5:30 p.m.	\$1292 per month	\$1254 per month	\$917 per month	
7:00 a.m.-12:45 p.m.	\$1115 per month	\$1079 per month	\$487 per month	
7 a.m. – 3 p.m.	\$1220 per month	\$1180 per month	\$857 per month	
7 a.m. – 4:30 p.m.	\$1,396 per month	\$1350 per month	\$967 per month	
7 a.m. – 5:30 p.m.	\$1,482 per month	\$1434 per month	\$1107 per month	

These tuition rates are for 5 days/ week. Other options may be available, please let us know what you need. Please list days and times you would like to register for: _____

Free Temple membership to families who have children in the ECC.

We offer a 5% tuition discount for teachers and 5% off the lowest tuition for families with multiple children attending.

Tuition Policies

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, epidemic, or other reason why school must close. If my child misses a day or a week of school, I will not be compensated with other weeks or days of school.

I understand that a \$250 deposit (which will be applied to May tuition), a \$100 Mandatory Activity Fee and a \$375 Security Fee (Per Family) (which may be prorated at the Temple's discretion for families starting late in the school year) are required to secure your child's spot in school. Like your tuition payments, these fees are absolutely non-refundable for any reason. There is a \$35 fee for all returned checks and a 3% processing fee on credit card payments. ACH payments can be set up for your convenience.

Signature of Parent/Guardian _____ Date _____

After we receive your registration form with requested schedule, we will issue your family's Tuition Breakdown with payment schedule for your approval.

A signed payment plan, deposit, security fee, and activity fee will secure your child's spot in school. 1st month's tuition, and any outstanding fees must be received by the office, along with all required paperwork, before your child may officially enroll in school and begin attending.

Enrollment in VPK alone requires no fees or tuition but VPK enrollees may choose to extend their day, in which case tuition rates apply.

___ Would you like to donate to our Healthier School Initiative? Cost should never be the sole determining factor in choosing items for our homes or our schools. Whether relating to food ingredients, personal care products, and cooking materials, it often costs more to get better quality. With this fund we can justify spending more and prioritizing our children's long-term health while still balancing our budget. Every dollar helps.

Amount \$_____ Please circle: a) One Time or b) Recurring Monthly (can cancel at any time)

Signature and Date: _____

Child's Name _____

We would love to send a personalized invitation to your child's grandparents for special events like Grandparents Day or providing an opportunity for sponsoring a page in our yearbook. After checking in with the grandparents and getting their okay, please list their contact information below. We promise to limit our emails to a few times per year.

Name _____ Email _____

Address _____

Phone Number _____ Name they are known to your child as: _____

Name _____ Email _____

Address _____

Phone Number _____ Name they are known to your child as: _____

Name _____ Email _____

Address _____

Phone Number _____ Name they are known to your child as: _____

Name _____ Email _____

Address _____

Phone Number _____ Name they are known to your child as: _____

Name _____ Email _____

Address _____

Phone Number _____ Name they are known to your child as _____

Name _____ Email _____

Address _____

Phone Number _____ Name they are known to your child as: _____

What skills are you able to contribute to the thriving of TBTST's Early Childhood Center?

- ☐ Social Media Marketing
- ☐ SEO Optimization
- ☐ The Gift of Gab -For the Extroverts among us, talking up our school
- ☐ Cooking- Helping out with Tasty Tuesday or cooking in our kitchen for a school event
- ☐ Fundraising
- ☐ Yearbook Design
- ☐ Event Planning
- ☐ Video Creation and Editing
- ☐ Grantwriting
- ☐ Decorating for Events
- ☐ I'm made for taking the lead on making sure that all the teachers have a fantabulous birthday! I'm bringing the cake! (We'll give you a budget)
- ☐ Add your own:

☐ _____
☐ _____

How much time do you have to contribute?

- ☐ 1 hour/week
- ☐ A few hours/week
- ☐ A few hours once/month or so
- ☐ I'm good for an occasional event.
- ☐ Just ask, I can always say No.
- ☐ Seriously, TBTST ECC is my life. There's nowhere else I'd rather be.

____Please have someone contact me about joining the PSO to help with organizing social events for our families, the Purim Carnival, Teacher Appreciation Week, and raising funds for these projects.

*Our dream playground is seeking a big-ticket donor to help it self-actualize. If you or someone you know is interested in learning how you can help, please reach out to preschool@tbtst.org.