

(Check One) ___ Member ___ Non-Member

Date of Enrollment ___/___/___

Account Number ___/___/___/___/___/___/___/___

School: 610-667-6534

Har Zion Temple

The Noreen Cook Center for Early Childhood Education PRESCHOOL/KINDERGARTEN APPLICATION

2020-2021

Debbie Folz, Director of Early Childhood Education



Child's Name	Date of Birth (M/D/Y)	Age	Sex
Parent Name (1)	Parent Name (2)		
Phone (H)	Phone (C)	Phone (H)	Phone (C)
Phone (W)	Email	Phone (W)	Email
Address		Address	
City	State	Zip	-
Custody concerns <input type="checkbox"/> Yes, please describe <input type="checkbox"/> Not applicable		Child lives with? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):	
Current synagogue affiliation	Parent/s to be billed		
Business name/occupation	Business name/occupation		

Please return form with a \$350 (Preschool) / \$550 (Gan – second \$500 deposit due May 1) **NON-REFUNDABLE AND NON-TRANSFERABLE** deposit (includes \$50 Registration Fee) to HAR ZION TEMPLE. ****A \$125 security fee will be billed per family per year**

Enroll my child in one of the following preschool programs (check one):

AGE GROUP	CLASS	DAYS	CODE	RESOURCE FEE	MEMBER	NON-MEMBER
Shalom Chai (18 months by Sept. 1)	<input type="checkbox"/> 2 Half Days	TU/TH	2AA21	\$20 / 2E21	\$3155	\$4445
	<input type="checkbox"/> 3 Half Days	M/W/F	2AB21	\$20 / 2E21	\$4425	\$6020
	<input type="checkbox"/> 5 Half Days	M-F	2AC21	\$20 / 2E21	\$5910	\$7550
	<input type="checkbox"/> 5 Full Days	M-F	2AD21	\$20 / 2E21	\$9000	\$11360
Garinim (Seeds/2 years old by Sept. 1)	<input type="checkbox"/> 2 Half Days	TU/TH	2421	\$20 / 2E21	\$3155	\$4445
	<input type="checkbox"/> 3 Half Days	M/W/F	2521	\$20 / 2E21	\$4425	\$6020
	<input type="checkbox"/> 5 Half Days	M-F	2621	\$20 / 2E21	\$5910	\$7550
	<input type="checkbox"/> 5 Full Days	M-F	2921	\$20 / 2E21	\$9000	\$11360
Shorashim (Roots/3 years old by Sept. 1)	<input type="checkbox"/> 5 Half Days	M-F	3021	\$30 / 3E21	\$5910	\$7550
	<input type="checkbox"/> Combination	TU/TH Full M/W/F Half	3321	\$30 / 3E21	\$7260	\$8990
	<input type="checkbox"/> 5 Full Days	M-F	3121	\$30 / 3E21	\$9000	\$11360
Prachim (Flowers/4 years old by Sept. 1)	<input type="checkbox"/> 5 Half Days	M-F	4221	\$85 / 4EP21	\$5910	\$7550
	<input type="checkbox"/> Combination	M/W/F Full TU/TH Half	4321	\$85 / 4EP21	\$8245	\$10220
	<input type="checkbox"/> 5 Full Days	M-F	4421	\$85 / 4EP21	\$9000	\$11360
Gan (Garden/5 years old by Sept. 1)	<input type="checkbox"/> 5 Full Days	M-F	4721	\$85 / 4EK21	\$10240	\$12200

I will also need:

<input type="checkbox"/> Early Care 7:15-8:45 AM / 3B21 1 Day/Week/Year – \$600 (Circle days) M T W TH F Daily – \$15 5 Days/Week/Year – \$2000	<input type="checkbox"/> Lunch Care Noon-1:00 PM / 3D21 1 Day/Week/Year – \$475 (Circle days) M T W TH F Daily – \$15 3, 4 or 5 Days/Week/Year – \$1800	<input type="checkbox"/> Hot Lunch / 3P21 1 Day/Week/Year – \$180 (Circle days) M T W TH F 5 Days/Week/Year – \$775
<input type="checkbox"/> Late Care – M-TH 3:15-5:30 PM, F-until 4:00 PM / 3C21 1 Day/Week/Year – \$775 (Circle days) M T W TH F ____ Daily – \$30 (up to 1 hour \$15) 5 Days/Week/Year – \$2500	<input type="checkbox"/> Extended Day for Half Day Children Noon-3:15 PM / 3G21 1 Day/Week/Year – \$1000 (Circle days) M T W TH F ____ Daily – \$45	

OVER

Name, address and phone number of 2 individuals to be contacted if Parents cannot be reached:

1. _____
2. _____

Any special information of which we should be aware (i.e. Allergies, Medication, Diet)?

Any additional information you would like us to know about your child? (Parent requests for specific placements cannot be honored. We ask your cooperation in refraining from making such requests)

The Noreen Cook Center has our permission to use any photo, picture, or likeness of our child or any family member for promotional purposes, including the Har Zion website, school website and Facebook page.

Application Requirements & Financial Arrangements:

HAR ZION MEMBERS: In order for us to process your child's application for the 2020-2021 school year at the member rate, your 2019-2020 membership dues must be paid in full at the time this application is presented to the office. Furthermore, parents enrolling their child in the Noreen Cook Center as members must maintain a valid membership throughout the school year. Therefore, it is understood that if accepted, your 2020-2021 membership dues will be paid in full by September 1, 2020. If membership renewal is not made as noted, school fees will be converted to the Non-Member rate retroactively. All requests for financial assistance should be made immediately to the Noreen Cook Center Director.

TO ALL FAMILIES:

This application can only be processed if all school and other 2019-2020 synagogue obligations are current.

We look forward to having your child with us in the preschool. Occasionally a child may be asked to leave because the child is not ready for school, has a special problem that cannot be handled within the limits of a normal classroom situation or otherwise because of our concerns for the safety and well-being of the class as a whole. Tuition previously paid will be pro-rated and re-funded accordingly.

CANCELLATION & REFUND POLICY:

No refunds will be issued and/or credit transferred to any other division of Har Zion Temple for any reason. Exceptions to this policy can only be made with written approval by the Executive Director.

Please note that if there are any special circumstances or problems of which the school should be aware, please contact our Noreen Cook Center Director before this application is filed.

This application is a legally binding contract. All financial obligations owed to Har Zion Temple for the above named child are the responsibility of both parents. This application will not be processed unless both parents acknowledge this financial obligation by signing below. Any exceptions or special circumstances require the prior written approval of the Noreen Cook Center Director.

We have read and agree to be legally bound by all of the terms and conditions set forth above.

DATE

SIGNATURE OF PARENT

DATE

SIGNATURE OF PARENT

Payment Options:

Please check method of payment option. This must be indicated ***EACH YEAR***.

- One single payment, or First business day of every month (July through February), or
 First business day of July, October and January Monthly payments by check

- Monthly payments by credit card

Arrangements can be made for you to pay your bill monthly by automatic credit card payment. If you wish to choose this monthly payment option, please contact Laurie Landsburg in the main office and provide the following:

- Credit card number
- CCV number on the back of your card
- Name on card
- Billing address for the card
- Amount AND date payment is to be charged

By signing below, I agree to make monthly payments via credit card, and further agree that the total bill be paid in full BY APRIL 1. I also agree to be in contact with the main office as soon as possible to advise of monthly payment method and amount of monthly payment.

If you have any questions, please do not hesitate to contact Gavi Miller, 610-667-5000, or email at gmilller@harziontemple.org.

** Please be advised that all credit card payments will have an additional 2% added to each payment.

Name

Date