



enrollment application

THIS PART FOR OFFICE USE ONLY:
Date of Admission: _____ Registration Fee: _____ Date Received: _____
Current Teacher: _____ Tuition Amount: _____
Referred by: _____

Child: _____
Last Name First Name
Boy: _____ Girl: _____ Birthdate: _____ / _____ / _____

Parent/Guardian: Ms./Mrs./Mr./Dr. _____

Address (where child resides): _____

Home phone: _____ Cell phone: _____

E-mail: _____ Work phone: _____

Parent/Guardian: Ms./Mrs./Mr./Dr. _____

Address: (if different): _____

Home phone: _____ Cell phone: _____

E-mail: _____ Work phone: _____

Public School District in which you reside: _____

Are you a member of the Temple? YES _____ NO _____

Are you interested in receiving Shir Ami membership information? YES _____ NO _____

Name of sibling(s) & grade(s) in school: _____

Shir Ami does not discriminate on the basis of race, color, religious creed, handicap, ancestry, national origin or sex

PARENTAL AGREEMENT

Please check off appropriate program, days and time:

Bright Beginnings (12-23 months by Sept. 1, 2016): 2 days 3 days 4 days 5 days

(indicate days) Mon Tues Wed Th Fri 9:15-12:00 _____ OR 9:15-1:00 _____

2 Year Old: (indicate days) 2 days 3 days 4 days 5 days Mon Tues Wed Th Fri

9:15-12:00 _____ OR 9:15-1:00 _____

3 Year Old: (indicate days) 3 days 4 days 5 days Mon Tues Wed Th Fri

5-days-MWF 9:15-2:15/T & TH - 9:15:12:15 9:15-12:15 OR 9:15-2:15

Pre K. 5 days- 9:15 - 12:15 5 days-MWF-9:15-2:15/T&TH-9:15-12:15 5 days 9:15-2:15

Certified Kindergarten 5 days-9:00 - 3:00

1. Congregants: I understand that a \$75 registration fee must accompany each application.
Non Congregants: I understand that a \$175 registration fee must accompany each application.
Congregants and Non-Congregants: I understand that all registration fees are non-refundable and non-transferrable.
2. For current families: I understand that all Temple fees and school tuitions must be current in order for my child's placement to remain secure.
3. I understand that:
 - a \$500 non-refundable tuition payment will be paid by May 31 (or at time of application, if received after May 1st).
If payment is not received by May 31, we reserve the right to release your child's reserved space in our school.
 - my child's tuition for the school year will not exceed _____.
 - no refunds will be made for days missed due to emergency school closings, weather, vacation, holidays or student illness.
 - my child will not be able to start school until all appropriate forms required by the state are submitted to the school.
 - class assignment is solely at the discretion of the Director.
 - after the initial enrollment, any change that involves a tuition adjustment can be made one time gratis.
After that, any further changes that involve a tuition decrease will incur a \$25 fee per change.
4. I give permission for:
 - my child's name, home address, parent e-mail & home phone number to be published in the class list and his/her picture to be released for publicity purposes.
 - my child to participate in a weekly gym class, where applicable
5. Option 1: You can pay your bill in full upon receiving your first bill including dues/Building Fund & School Tuition OR make 6 equal monthly payments in order to be paid in full by December 31, 2016.
 Option 2: You can make 10 equal monthly payments which will include a transaction fee including Dues/Building Fund & School Tuition* *If your total bill is \$5,000 or over, a \$100 fee applies. If your total bill is \$4,999 or under, a \$50 fee applies. Credit card payments subject to a 3½% convenience fee.

Parent/Guardian Signature: _____ Date _____

If you've been referred by someone, please tell us who _____