



enrollment application
2017-2018

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 Shir Ami? YES NO

If 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. See our full non-discrimination statement on our website.

# PARENTAL AGREEMENT

## Please check off appropriate program, days and time:

Bright Beginnings (12-23 months by Sept. 1, 2017):  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. All tuition payments and Shir Ami fees must be current or an approved payment schedule must be in place with the Director of Operations in order for us to accept your child's registration. Payment must remain current in order for your child's placement to remain secure and in order for him/her to begin school in September.
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.
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 yes  no .
  - my child to participate in a weekly gym class, where applicable yes  no .
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, 2017.  
 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 3.5% convenience fee.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_

If you have been referred by someone, please let us know \_\_\_\_\_

*All tuitions and fees are subject to Board approval*