

TBS/S 2018-2019 Infant/Toddler Enrollment Contract

Child: _____ Date of birth: Month Day Year Gender: Male Female

OR - If the child is not yet born, please provide the due date and gender if known Due Date: Month Day Year Gender: Male Female

Date Range of Enrollment - Starting date: _____ Ending Date: _____

Parent 1: _____ Date of birth: Month Day Year

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Other Phone: _____ Email: _____

Occupation: _____ Business Phone: _____

Parent 2: _____ Date of birth: Month Day Year

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Other Phone: _____ Email: _____

Occupation: _____ Business Phone: _____

Parents' Marital Status: Married/Partnered Divorced Single Other Child resides with: Parent 1 Parent 2 Other:

Siblings: (list names/ages): _____ What school(s) do sibling(s) attend? _____

Temple Membership IS INCLUDED at no additional cost IF ONE OR BOTH PARENTS ARE JEWISH. Please select from the following options:
 We are current Temple members. We would like to become Temple members. We are not interested in Temple membership.

HOURS OF OPERATION ARE MONDAY - FRIDAY 7:30 am TO 6:00 pm. WE ARE CLOSED ON JEWISH AND NATIONAL HOLIDAYS.

I. ANNUAL REGISTRATION FEE: (No prorations, Refunds, or Transfers) \$1,200 FOR THE FIRST CHILD; \$1,100 FOR EACH ADDITIONAL SIBLING IN THE INFANT/TODDLER PROGRAM; \$900 EACH ADDITIONAL SIBLING IN TBS/S PRE-SCHOOL AND/OR KINDERGARTEN.

II. TUITION PAYMENTS: SEPARATE FROM REGISTRATION FEE AND DUE ACCORDING TO THE TUITION PLAN OPTION SELECTED BELOW.
 Parents must term date starting from: _____ through _____.

Payment Options			
Select Options (Right) →	<input type="checkbox"/> A: 1 Payment Full payment is due with Registration Contract.	<input type="checkbox"/> B: Monthly Payments Balance due on the first of each month This option is only available with a valid Debit or Credit Card.	
	Total	Monthly Increment	Total
7:30 am to 6:00 pm Mon-Fri	\$16,200	\$1,450	\$17,400

For more information please contact Kayla Green, Registrar, at 305.538.7231 ext. 240 or kayla@tbsmb.org.

III. PAYMENT: REGISTRATION FEE AND TUITION WILL BE CHARGED ACCORDING TO THE TUITION PLAN SELECTED ABOVE.

M/C, Visa or Amex#: _____ Exp. Date: _____

Billing Address: _____

CHECK for registration deposit or Payment plan A: 1 Payment only (Payable to Temple Beth Sholom) Check #: _____ in the amount of \$ _____

IV. I (We) understand that my (our) obligation to pay the fees for the full term is unconditional. No portion of such fees paid or outstanding will be refunded, transferred, or canceled, notwithstanding absence, withdrawal or dismissal from the School. If enrollment is canceled within 30 days of the start date, parents or guardians financially responsible for students are obligated to pay for the full term. Payment options and terms are authorized as selected above.

I have read and understand Temple Beth Sholom's Immunization Policy

Signature of Parent or Legal Guardian _____ Date _____ Temple Beth Sholom Innovative School _____ Date _____

Enrollment contracts will not be processed nor will students have the ability to reserve space without payment, credit/debit card information and/or signature of parent or legal guardian on this form.