

The Foundation School 2017-2018 Kindergarten Enrollment Contract

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

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 8:30 am TO 2:00 pm. WE ARE CLOSED ON JEWISH AND NATIONAL HOLIDAYS. DATES OF ENROLLMENT WILL MIRROR THE MIAMI-DADE COUNTY PUBLIC SCHOOL 2017-2018 CALENDER.

I. ANNUAL REGISTRATION FEE: (No prorations, Refunds, or Transfers) \$1,000 FOR THE FIRST CHILD; \$900 EACH ADDITIONAL SIBLING IN THE FOUNDATION SCHOOL PRE-SCHOOL AND/OR KINDERGARTEN; \$1,100 FOR EACH ADDITIONAL SIBLING IN THE INFANT/TODDLER PROGRAM.

II. TUITION PAYMENTS: SEPARATE FROM REGISTRATION FEE AND DUE ACCORDING TO THE TUITION PLAN OPTION SELECTED BELOW. FIRST TUITION PAYMENT MUST BE RECEIVED BY JUNE 1, 2017 TO SECURE ENROLLMENT. TWO OR MORE SIBLINGS RECEIVE A 10% DISCOUNT.

FULL SCHOOL YEAR (AUGUST 2017-JUNE 2018) TUITION PLANS INCLUDES LUNCHES AND SNACKS					
↓ Select Schedule (Below) and Payment Plan (Right) →	<input type="checkbox"/> A: 1 Payment	<input type="checkbox"/> B: 2 Payments		<input type="checkbox"/> C: 10 Monthly Payments	
	Balance Due 6/1/17	Balances Due 6/1/17 and 11/1/17		Balances Due 6/1/17 through 3/1/18	
	Total	2 payments of	Total	10 payments of	Total
5 Days-Per-Week (Mon.-Fri.) 8:30 am to 2:00 pm	\$14,500	\$7,375	\$14,750	\$1,550	\$15,500

Extended care options are available. Separate Enrollment Contract is required. Please call the office for details 305.538.7231.

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 school year is unconditional. No portion of such fees paid or outstanding will be refunded, transferred, or canceled, notwithstanding absence, withdrawal or dismissal from the School. Parents or guardians financially responsible for students are obligated to pay the full annual charges. 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 _____ The Foundation School at Temple Beth Sholom _____ 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.