

# Temple Beth Sholom Innovative School Elementary Level Enrollment Contract 2018-2019

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 50 % of the 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: Kindergarten 8:30 am - 2:00 pm  
 1st & 2nd grades: 8:30 am - 3:00 pm. WE ARE CLOSED ON JEWISH AND NATIONAL HOLIDAYS.  
**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.  
**II. ANNUAL SECURITY FEE:** (No prorations, Refunds, or Transfers) \$275 PER CHILD. DUE WITH REGISTRATION DEPOSIT.  
**III. 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, 2018 TO SECURE ENROLLMENT. TWO OR MORE SIBLINGS RECEIVE A 10% DISCOUNT.

KINDERGARTEN					
FULL SCHOOL YEAR (AUGUST 2018-JUNE 2019) 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 6/1/18	Balances Due 6/1/18 and 10/1/18		Balances Due 6/1/18 through 3/1/19	
	<b>Total</b>	2 payments of	<b>Total</b>	10 payments of	<b>Total</b>
5 Days-Per-Week (Mon.-Fri.) 8:30 am to 2:00 pm	\$15,000	\$7,750	\$15,500	\$1,600	\$16,000

  

FIRST and SECOND GRADE					
FULL SCHOOL YEAR (AUGUST 2018-JUNE 2019) 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 6/1/18	Balances Due 6/1/18 and 10/1/18		Balances Due 6/1/18 through 3/1/19	
	<b>Total</b>	2 payments of	<b>Total</b>	10 payments of	<b>Total</b>
5 Days-Per-Week (Mon.-Fri.) 8:30 am to 3:00 pm	\$17,000	\$8,750	\$17,500	\$1,800	\$18,000

**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: \_\_\_\_\_

**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 ([tbsmb.school/admissions/fine-print](http://tbsmb.school/admissions/fine-print)).

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.**