

TBSIS 2019-2020 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 in tuition if any member of the family identifies as Jewish. Please select from the following options:
 We are current members. We would like to become members. We do not wish to be members at this time.

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 tbsis pre-school and/or kindergarten. If sibling is registered prior to February 1.

II. ANNUAL SECURITY FEE: (No prorations, refunds, or transfers) \$375 per child. Due with registration fee.

III. TUITION PAYMENTS: Separate from registration fee and due according to the tuition plan option selected below.

Parents must indicate term date starting from: _____ through _____.

Payment Options			
Select Options (Right) →	<input type="checkbox"/> A: One 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 Monday-Friday	\$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 school year is unconditional, and I (We) are jointly and severally responsible for payment of all fees. No portion of such fees paid or outstanding will be refunded, transferred, or canceled, notwithstanding absence, withdraw or dismissal from the School. Payment options and terms are authorized as selected above. It is further agreed that Foundation Level enrollment, as specified within this Contract, may be cancelled in writing, without penalty (except the forfeiture of the Annual Registration Fee) prior to August 1, 2019. As of August 1, 2019, parents or guardians financially responsible for students are obligated to pay the full annual charges.

I (We) understand and agree that I (We) am/are responsible for all costs of collection which shall include reasonable attorney's fees and costs, whether or not a lawsuit is filed, and which shall also include bankruptcy and appellate proceedings.

I (We) further agree and understand that I (We) waive any and all defenses under this provision irrespective of whether or not the child's space is eventually filled, and will be otherwise precluded from asserting the defense of the failure to mitigate damages.

I have read and understand Temple Beth Sholom's immunization policy. I have read and agree to Publicity Release policy (tbsmb.school/admissions/fine-print)

Signature of Parent 1 or Legal Guardian 1 _____ Date _____ Temple Beth Sholom Innovative School _____ Date _____

Signature of Parent 2 or Legal Guardian 2 _____ 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.