

Temple Beth Sholom Innovative School Elementary Level Enrollment Contract 2020-2021

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 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: Kindergarten 8:30 am - 2:00 pm. First through third grades: 8:30 am - 3:00 pm. We are closed on Jewish and national holidays.

I. ANNUAL REGISTRATION FEE: Due by FEBRUARY 10, 2020 (no prorations, refunds, or transfers) \$1,000 for the first child; \$900 each additional sibling in the Foundation and/or Elementary Level. **AFTER FEBRUARY 10, 2020** \$1,500 first child; \$1,150 each additional sibling in Foundation and/or Elementary Level.

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. First tuition payment must be received by June 1, 2020 to secure enrollment. Siblings receive a five percent (5%) discount.

KINDERGARTEN					
FULL SCHOOL YEAR (AUGUST 2020-JUNE 2021) 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 6/1/20	Balances Due 6/1/20 and 10/1/20		Balances Due 6/1/20 through 3/1/21	
	Total	2 payments of	Total	10 payments of	Total
Five Days-Per-Week (Mon.-Fri.) 8:30 am to 2:00 pm	\$16,000	\$8,250	\$16,500	\$1,700	\$17,000

FIRST THROUGH THIRD GRADE					
FULL SCHOOL YEAR (AUGUST 2020-JUNE 2021) 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 6/1/20	Balances Due 6/1/20 and 10/1/20		Balances Due 6/1/20 through 3/1/21	
	Total	2 payments of	Total	10 payments of	Total
Five Days-Per-Week (Mon.-Fri.) 8:30 am to 3:00 pm	\$18,100	\$9,300	\$18,600	\$1,910	\$19,100

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.

Name on card: _____

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 (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 signature of parent(s) or legal guardian(s).