



Preschool Program Registration 2018/2019

Date of Application _____ Days _____ Hours _____

Child's Name _____ Gender _____ Start Date _____

Age as of 8/31/18 _____ Date of birth (include year) _____ T-shirt Size _____

*Primary Contact of Parent/Legal Guardian _____

Marital Status (of Parents/Legal Guardians) _____

Employer _____ Occupation _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

Address _____

City, State, Zip Code _____

*Additional Contact of Parent/Legal Guardian _____

Employer _____ Occupation _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

Address _____

City, State, Zip Code _____

Nanny/Babysitter: _____ Phone Number: _____

With whom does the child live? _____

Siblings' names and schools _____

Has your child been enrolled in a preschool or childcare before? _____ How long? _____

If so, where? _____

So we may be sensitive to your needs, what religious faith(s) do you practice in your home?

Member of Temple Solel? _____ Other synagogue affiliation, if any? _____

Friend Requests: 1. _____ 2. _____

6805 East McDonald Drive, Paradise Valley, Arizona 85253
(Phone) 480-991-4545 (Fax) 480-991-1059 www.solelpreschool.org

Please fill out reverse side of form →

Preschool Tuition Schedule 2018/2019

Child's Name _____ Days M T W TH F

Hours 9-1 9-3 7:30-5:30 M-Th 7:30-4 Friday

Non- Refundable Registration Fee Member: \$250 Non- Member: \$300

Infant (M-F)	<u>Member</u>	<u>Non-Member</u>
7:30-5:30	<input type="checkbox"/> \$1060.00	<input type="checkbox"/> \$1130.00
5 Day (M-F)	<u>Member</u>	<u>Non-Member</u>
9:00-1:00	<input type="checkbox"/> \$610.00	<input type="checkbox"/> \$680.00
9:00-3:00	<input type="checkbox"/> \$785.00	<input type="checkbox"/> 855.00
7:30-5:30	<input type="checkbox"/> \$985.00	<input type="checkbox"/> \$1055.00
3 Day (MWF)	<u>Member</u>	<u>Non-Member</u>
9:00-1:00	<input type="checkbox"/> \$520.00	<input type="checkbox"/> \$580.00
9:00-3:00	<input type="checkbox"/> \$620.00	<input type="checkbox"/> \$680.00
7:30-5:30	<input type="checkbox"/> \$725.00	<input type="checkbox"/> \$785.00
2 Day (TTH) - Toddlers only	<u>Member</u>	<u>Non-Member</u>
9:00-1:00	<input type="checkbox"/> \$430.00	<input type="checkbox"/> \$470.00
9:00-3:00	<input type="checkbox"/> \$505.00	<input type="checkbox"/> \$545.00
7:30-5:30	<input type="checkbox"/> \$595.00	<input type="checkbox"/> \$635.00

*** In order to enroll in a Threes or Pre-K Class, your child must be fully potty trained.**

Extra Hours: \$10.00 per hour **2nd Child Discount:** 5% **Program Change Fee:** \$25.00

Early Payment Discount: 5% discount if 10-month tuition is paid in full by check by July 25, 2018

Yes! Let me help a family in need at our school. Please add the following donation to the Scholarship Fund.

One time donation: \$18 ___ \$36 ___ \$72 ___ \$90 ___ \$180 ___ Other _____

Monthly donation added to my tuition: \$5 ___ \$10 ___ \$18 ___ Other _____

Registration form must be accompanied by the Non-Refundable Registration Fee. By signing this agreement, I understand that school year tuition is a 10-month commitment based on 10 equal payments. **I understand that I am responsible for giving a 4 week written notice and payment for that 4 week period in the event that (a) my child will not begin preschool on the agreed upon date or (b) I withdraw my child.** In addition, I understand that by completing this form and paying the registration fee I am enrolling my child in the preschool program and staffing is planned accordingly. I further understand all accounts are required to be set up on Tuition Express, our automatic payment system. Email Statements are sent mid-month and Tuition Express will post to the credit/debit card on file on the 27th of the month.

_____ I would like to charge the non-refundable Registration Fee to my current Tuition Express account.

*For all others, please complete a Tuition Express form as a part of the registration process.

Signature _____ Date _____



2018-2019 Permission Form (Required)

PERMISSION TO USE PHOTOS/VIDEO

(Please check each box to indicate) I give permission for my child's photograph to be used by The Solel Preschool/Camp Solel in the following:

- Classroom Remini Pages
- Classroom Photobooks
- Solel Preschool Website & Brochures
- Preschool Facebook Page
- Posted in the Classroom or on School Hallway Bulletin Boards
- Pathfinder (Temple Solel bulletin, sent to Temple Members)
- Submitted to the Jewish News or Jewish Life Magazine

WALKING FIELD TRIP PERMISSION

_____ I give permission for my child to take walking field trips within Temple Solel and The Solel Preschool with their class, teachers and staff. *We will not leave the Solel grounds without notifying you.

DIAPER CREAM

_____ (Infant, toddler and 2 year olds) The Solel Preschool has permission to apply diaper cream provided by me to my child while in their care.

DIRECTORY (Check one option).

- _____ I give permission for my information (name, address, phone number, email, child's name & birthday) to be shared in the private Solel Preschool Directory for families only.
- _____ I give permission for my name and email address ONLY to be shared in the private Solel Preschool Directory for families only.
- _____ I would like to OPT OUT of the Solel Preschool Directory.

5 MINUTE LEEWAY POLICY

We allow a 10 minute leeway for drop off and a 5 minute leeway for pick up with enrollment in the 9am-1pm and 9am-3pm program. (8:50 am-1:05 pm or 8:50 am-3:05 pm) **NO 5 minute leeway** is given for full time enrollment. Your account will automatically be charged for any extra hours accrued when you clock in prior to or after the leeway time.

There is **NO 5 minute leeway** given for afternoon special classes due to child:teacher ratios. The preschool closes promptly at 5:30 pm Monday through Thursday and 4:00 pm on Fridays. Please pick up your child prior to closing to allow our staff to go home and spend time with their families. A **\$10 per minute** charge will be assessed for late pick ups.

EMERGENCY MEDICAL RELEASE

In case of emergency, if I am not reachable by telephone, I authorize The Solel Preschool to obtain the medical care required for my child at the nearest available treatment facility. This does not in any way hold Temple Solel or The Solel Preschool financially responsible for any medical or emergency care given.

Child's Name _____ Date _____

Parent(s)/Guardian(s) Signature _____



ALLERGY FORM 2018-2019

Child's Name _____

- No known allergies
- My Child has allergies to (please circle):
Bees Latex Food (please specify which food or foods) _____
Other (please specify) _____
- My Child is at risk for a **life-threatening allergic reaction**. See below.

Please check the circumstances in which a reaction could occur:

_____skin contact _____ingestion (eating allergen) _____inhalation (breathing allergen)

My child's allergy was identified through allergy testing _____yes _____no

My child had the following symptoms during the reaction (circle appropriate information)

Red, watery eyes Shortness of breath Coughing Swelling Nausea/Vomiting

Runny nose Tightening of throat Hives Dizziness

Other _____

If an allergic reaction should occur at school, personnel will administer first aid (i.e. remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a health care provider is recommending for your child:

_____Administer medication - Name and dosage _____

_____Call 911 immediately

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction****

Child's Name _____ Date _____

Parent(s)/Guardian(s) Signature _____



We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date CVV

Cardholder Signature Date

For Official Use Only
_____ Date Received
_____ Employee Signature