



Fall Registration

Office Only Date Received _____ _____
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Date of Application _____

<u>Child's Information</u>	
Child's Name _____	Gender _____ Start Date _____
Age as of 8/31/24 _____	Date of birth (include year) _____ T-shirt Size _____
Siblings' names and ages _____	Has your child attended preschool/ childcare before? <input type="checkbox"/> Yes <input type="checkbox"/> No How long? _____
With whom does the child live? _____	
Friend Requests: 1. _____ 2. _____	

<u>Family Information</u>	
Parent/ Guardian Name _____	Email _____
Occupation _____	Cell _____ Work _____
Home Address _____	City, State, Zip _____
Parent/ Guardian Name _____	Email _____
Occupation _____	Cell _____ Work _____
Home Address _____	City, State, Zip _____
Nanny/Babysitter: _____	Phone Number: _____
<p>So we may be sensitive to your needs, what religious faith(s) do you practice in your home?</p> <p>_____</p>	
Member of Temple Solel <input type="checkbox"/> Yes <input type="checkbox"/> No Other synagogue affiliation _____	

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 2024/2025

Child's Name _____ Age as of 8/31/24 _____

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

Non- Refundable Security Fee **Member and Non Member:** \$200

(non-refundable fees do not apply to any future tuition costs)

Infant and Toddlers (M-F)		<u>Member</u>	<u>Non-Member</u>
(Toddlers are 12 months and must be taking steps)	7:30-5:30	<input type="checkbox"/> \$1410	<input type="checkbox"/> \$1480

5 Days (M-F)

2's,3's, & Pre K	<u>Member</u>	<u>Non-Member</u>
9:00-1:00	<input type="checkbox"/> \$865	<input type="checkbox"/> \$935
9:00-3:00	<input type="checkbox"/> \$1110	<input type="checkbox"/> \$1180
7:30-1:00	<input type="checkbox"/> \$1180	<input type="checkbox"/> \$1250
7:30: 3:00	<input type="checkbox"/> \$1270	<input type="checkbox"/> \$1340
7:30-5:30	<input type="checkbox"/> \$1380	<input type="checkbox"/> \$1450

3 Days (MWF)

2's, and 3's ONLY	<u>Member</u>	<u>Non-Member</u>
9:00-1:00	<input type="checkbox"/> \$740	<input type="checkbox"/> \$800
9:00-3:00	<input type="checkbox"/> \$875	<input type="checkbox"/> \$935
7:30-1:00	<input type="checkbox"/> \$920	<input type="checkbox"/> \$980
7:30-3:00	<input type="checkbox"/> \$960	<input type="checkbox"/> \$1020
7:30-5:30	<input type="checkbox"/> \$1060	<input type="checkbox"/> \$1120

Toddlers & Twos Classes nap 1-3 Pre-K stay awake from 1-3 (unless otherwise requested)

*Please mark for children in our 3's program staying for aftercare:

(Child will be placed in an awake room if not marked)

nap stay awake

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

We only offer 5 day option for Pre-K students.

Extra Hours: \$15.00 per hour 2nd Child Discount: 3% Program Change Fee: \$25.00

Early Payment Discount: 5% discount if 10-month tuition is paid in full by July 22, 2024

One discount per family will apply regarding Sibling or Early Payment Discount.

Registration form must be accompanied by the Non-Refundable Registration Fees. 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 30 days written notice** if I would like to withdraw. No refunds will be given if I do not submit my notice in the 30 day time frame. In addition, I understand that by completing this form and paying the registration and security 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, which is an automatic payment system.

_____ I would like to charge the non-refundable Registration and Security Fee to my current Tuition Express account. *For all new families please complete a Tuition Express form as a part of the registration process.

Signature _____ Date _____



Required Permission Form 2024-2025

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:

- | | |
|--|---|
| <input type="checkbox"/> Classroom Procure App | <input type="checkbox"/> Posted in the Classroom or on School Hallway Bulletin Boards |
| <input type="checkbox"/> Classroom Photobooks | <input type="checkbox"/> Homeroom app (if class participates) |
| <input type="checkbox"/> Solel Preschool Website & Brochures | <input type="checkbox"/> Pathfinder (Temple Solel bulletin, sent to Temple Members) |
| <input type="checkbox"/> Preschool Facebook Page | <input type="checkbox"/> Submitted to the Jewish News or Jewish Life Magazine |
| <input type="checkbox"/> Preschool Instagram | |

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.

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 _____

Please fill out reverse side of form →



ALLERGY FORM 2024-2025

Child's Name _____ Date of Birth _____

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 _____