

T-K & KINDERGARTEN APPLICATION & CONTRACT

| <u>Program</u> | <u>Monthly Fee</u> | <u>Yearly Fee</u> |
|---|--|--|
| FULL PROGRAM: Mon.-Thurs. 8:00 am to 4:30 pm Fri. 8:00 am to 2:30 pm | <u>Monthly: \$1,588.00</u> Please make 12 checks posted to the 1 st of every month for September through August. | <u>3 Additional Non-refundable Yearly Fees</u> <u>(due before the 1st day of school)</u> - \$350.00 - Registration - \$1,200.00 - Food (can be paid quarterly throughout the year, on the 1 st of September, December, March & June) - \$890.00 - Enrichment Classes (4 days a week - sing-along, gymnastic and dance) |

*Please sign that you agree to all yearly fees.

Parent Initial _____

NOTE: Parties/holidays are a separate charge as we approach the event /holiday.

Parent Initial _____

| Additional special event expenses | | Pre-K & Kindergarten additional expenses | |
|---------------------------------------|------|--|------|
| Chabad | | | |
| Rosh Hashana | \$18 | Graduation | \$55 |
| Making Shofar | \$18 | Books | \$42 |
| Chanukah | \$18 | | |
| Passover | \$20 | | |
| Shavuot | \$18 | | |
| Chanukah Party | \$35 | | |
| Graduation Bears & Lions B | \$35 | | |

*All monthly tuition checks must be written out and post dated to the 1st of each month and will be deposited on that date

*Tuition will consist of 12 checks for months September - August

YOU ARE RESPONSIBLE TO PAY FOR ALL THE MONTHS YOU AGREE IN THIS CONTRACT.

Please mark the installment months that you will be responsible to pay under no circumstances. (___) 12 CHECKS

Please sign that you understand AND AGREE.

X Date: _____

| | | | | |
|--|-----------------------------------|--|--|--|
| Child's Birthday: Month / Day / Year | Child's Name: First / Last | | First Day of School Month / Day / Year | |
| Address: | | | | |
| City: | | | Zip: | |
| Home Phone #: | | | | |
| Mother's Name: | | | Father's Name: | |
| Mother Cell #: | | | Father Cell #: | |
| Mother Work #: | | | Father Work #: | |
| Mother Email: | | | Father Email: | |
| Emergency Contact Name and Phone #: | | | | |
| Family Doctor Name and Phone # and Fax #: | | | | |