



Helen Troum Nursery and Kindergarten at  
Temple Beth Sholom  
40-25 Fair Lawn Ave, Fair Lawn, NJ 07410  
201 797-2865 [dlesnoyTBS@yahoo.com](mailto:dlesnoyTBS@yahoo.com)

## Enrollment Contract and Registration Form 2017-2018 School Year

I hereby enroll my child(ren), \_\_\_\_\_, in the **Helen Troum Nursery School and Kindergarten** for the 2017-18 school year.

### Tuition and Payment Schedule:

I understand that I am enrolling my child(ren) for the entire school year 2017-18, and upon signing and returning this agreement, I am obligated to pay all the fees listed in the enclosed acceptance letter.

I understand that there is NO CREDIT OR REFUND FOR ILLNESS, HOLIDAYS, VACATIONS, EARLY WITHDRAWALS OR SCHOOL CLOSINGS DUE TO WEATHER OR EMERGENCIES, and that make-up days will not be scheduled.

### The following fees are payable when you sign and return this document:

\$ \_\_\_\_\_ One Month's Tuition (1/10<sup>th</sup> of total tuition) as a deposit which will be applied against the last month's payment (**June 2018** payment)

### I agree to pay my tuition fees as follows: (Choose one):

\_\_\_ In full by May 1<sup>st</sup>, 2017 (credit card payment is subject to an additional 2.5% processing fee)

\_\_\_ monthly by credit card (subject to a 2.5% processing fee). Your credit card will be charged on the 1st day of the month. Nine monthly charges, Sept 1, 2017 - May 1, 2018, plus your deposit, which is your tenth (June 2018) payment.

Card# \_\_\_\_\_ Exp date: \_\_\_\_\_

CVV Code \_\_\_\_\_

\_\_\_ in nine payments by check due on the 1st day of each month, Sept 1, 2017- May 1, 2018 (your deposit is the June, 2018, tenth payment). You may provide post-dated checks if you prefer. Late payments will incur a \$50 additional charge.

Who is responsible for payment?

Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: home \_\_\_\_\_ +- \_\_\_\_\_ cell \_\_\_\_\_  
work \_\_\_\_\_

Email: \_\_\_\_\_

## Helen Troum Nursery and Kindergarten at TBS

### Parent Agreement

In order to be sure that our warm environment here at TBS is also a fair, safe and responsible one, each family must read and sign the following. All policies are taken from the Parent Handbook and from your application.

***Please check that you have read and agree to the following:***

\_\_\_ Each child has a right to be in a healthy environment. Therefore, parents must not send sick children to school. Please refer to our policy concerning illness in our Parent Handbook. If your child is ill, he or she will be sent home from school. We have a 24 hour policy regarding fever, diarrhea, vomiting and communicable illness. Please refer to our health policy in our handbook.

\_\_\_ Tuition payments are expected on or before the due date. There is a \$50 late fee for each late payment.

\_\_\_ I understand that any changes to my child's schedule after March 15th will use the fee schedule for 'after March 15<sup>th</sup>' for the year.

\_\_\_ In our handbook, we provide you with an "Information to Parents" statement. It basically states that we comply with all licensing standards and that you have the right to visit or observe at any time.

\_\_\_ In the event that you must withdraw your child from our school, please understand that you are obligated to pay tuition for the entire school year. No refunds given

\_\_\_ School begins at 9 am each day. Doors will open at 8:55 am. Early room may be arranged for any time prior to this with a monthly plan, or by a daily /hourly rate. School ends at 11:30 AM; 12:30 or 3:15 pm according to your arrangement, with extended care from 3:15-5:30 pm or later, available through the same arrangement as above. See rates for extended care for information. Please be prompt when dropping off your child, as lateness takes away from your child's learning time. Please be prompt, when picking up.

### Photo Permission

We take pictures of the children often during the school day. Sometimes, we may use these pictures for publicity, by putting them in the Temple Bulletin or in the Community News. I give permission for my child to be photographed by the Helen Troum Nursery & Kindergarten and for the photograph to be used for publicity.

Signature \_\_\_\_\_

## Helen Troum Nursery and Kindergarten at TBS

### Short Walk Permission

Strictly supervised short walks might be taken around and near the school premises occasionally during the school year. You need not notify me further concerning these trips.

Signature \_\_\_\_\_

### Emergency Contacts and Authorized Pickup

*Please notify the persons on your list so that they are aware that they are your child's emergency contact*

Please list individuals that we can call in the event of an emergency, *if we cannot reach you*. Please check off any that are authorized to pick up your children. These people will be asked to provide identification when they arrive to pick up your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Authorized to pick up?  yes  no

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Authorized to pick up?  yes  no

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Authorized to pick up?  yes  no

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Authorized to pick up?  yes  no

Please list any person PROHIBITED from picking up your child \_\_\_\_\_

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## Helen Troum Nursery and Kindergarten at TBS

### Medical Release Information

According to State Law, our school must have the services of a local hospital and physician available to us. Therefore, we have the services of **Valley Hospital Emergency Room** in Ridgewood available to us for the diagnosis and treatment of the children at any time. We have also made arrangements with **Pediatricare Associates** of Fair Lawn to treat our children should an emergency arise.

\_\_\_\_ I hereby give my consent for my child to be treated in an emergency by the **Valley Hospital Emergency Room** or by **Pediatricare Associates**, to perform all necessary procedures and render any indicated treatment, if in the opinion of said doctor the same is necessary, while he/she is under the Helen Troum Nursery School's jurisdiction.

Parent Signature \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

### Family Information

**Parent 1** \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent 2** \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Email \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

**Siblings** (name(s) and age(s)) \_\_\_\_\_

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## Helen Troum Nursery and Kindergarten at TBS

### Children's Information

**Child 1** Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ sex \_\_\_\_\_

My child has no known allergies

My child has the following allergies \_\_\_\_\_

My child requires an Epi pen. I understand I must make one available to the school office.

**Child 2** Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ sex \_\_\_\_\_

My child has no known allergies

My child has the following allergies \_\_\_\_\_

My child requires an Epi pen. I understand I must make one available to the school office.

**Child 3** Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ sex \_\_\_\_\_

My child has no known allergies

My child has the following allergies \_\_\_\_\_

My child requires an Epi pen. I understand I must make one available to the school office.

### Medical

Child's Doctor \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child have any special needs that we need to be aware of? Please explain \_\_\_\_\_

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## Helen Troum Nursery and Kindergarten at TBS

### Options

Please choose from the following options and write your child's (children's) name next to your choice:

	Before 3/15	3/15	After 3/15	
<b>2 Year Program</b>				
<u>2 Days/Week</u>				
9-11:30	\$2,860	\$2,970	0	_____
9-12:30/	\$3,340	\$3,430	0	_____
<u>3 Days/Week</u>				
9-11:30	\$3,700	0	\$3,820	_____
9-12:30	\$4,380	\$4,480	0	_____
9-3:15	\$5,720	\$5,890	0	_____
<u>4 Days/Week</u>				
9-11:30	\$4,070	0	\$4,180	_____
9-12:30	\$4,970	\$5,080	0	_____
9-3:15	\$6,420	\$6,550	0	_____
<u>5 Days/Week</u>				
9-11:30	\$4,440	0	\$4,590	_____
9-12:30	\$5,570	\$5,740	0	_____
9-3:15	\$7,090	\$7,300	0	_____
<b>3 Year Old Program</b>				
<u>3 Days/Week</u>				
9-12:30			\$4,380	\$4,480
9-3:15			\$5,720	\$5,890
<u>5 Days/Week</u>				
9-12:30			\$5,570	\$5,740
9-3:15			\$7,090	\$7,300
_____				
_____				

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**Pre K Program**

**5 Days/Week**

9-3:15

\$7,090

\$7,30

0

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Please note that there is a one- time only discount for Payment in Full (\$75 part time; \$100 full time), or additional child (\$125). One discount per family; may not be combined.

## Helen Troum Nursery and Kindergarten at TBS

40-25 Fair Lawn Ave Fair

Lawn, NJ 07410

201-797-2865 Debbie

Lesnoy, Director

dlesnoytbs@yahoo.com

**I have read the policies in the Enrollment Contract and Registration Form, and in the Parent handbook, and I/we agree to abide by these policies while my/our child is enrolled in the Helen Troum Nursery and Kindergarten.**

Name (print) \_\_\_\_\_

Name (signature) \_\_\_\_\_

Email: \_\_\_\_\_

Name (print) \_\_\_\_\_

Name (signature) \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_



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