

Helen Troum Nursery and Kindergarten at Temple Beth Sholom

40-25 Fair Lawn Ave, Fair Lawn, NJ 07410

201 797-2865

dlesnoyTBS@yahoo.com



Enrollment Contract and Registration Form 2023-2024 School Year

I hereby enroll my child(ren), _____, DOB _____ in the **Helen Troum Nursery School and Kindergarten** for the 2023-2024 school year.

Tuition and Payment Schedule:

I understand that I am enrolling my child(ren) for the entire school year 2023-24, 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 tenth of total tuition) as a deposit which will be applied against the tenth payment (**June 2024** payment)

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

___ In full by August 1st, 2023 (credit card payment is subject to an additional 3% processing fee). Paid in full discount will apply.

___ **9 payments by credit card** (subject to a 3% processing fee). Your credit card will be charged on the 1st day of the month. Nine monthly charges from **Sept 2023 to May 2024**, plus your deposit, due upon registration, which is your tenth (June 2024) payment.

Card# _____ Exp date: _____

CVV Code _____

___ In **9 payments by check** due on the 1st day of **Sept, 2023 through May, 2024** (your deposit is the June 2024, tenth payment). You may provide post-dated checks if you prefer. **Late payments after the 5th of the month will incur a \$50 additional charge.**

Who is responsible for payment?

Name _____

Address: _____

Phone: home _____ cell _____ work _____

Email: _____

Name of child: _____ 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.

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 or more 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 after the 5th of each month.

___ I understand that any changes to my child's schedule after April 30 will use the fee schedule for 'after April 30' for the year.

___ 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, with 24 hrs notice.. School ends at 12:30 pm or 3:15 pm according to your arrangement, with **extended care** from 3:15-6:00 pm, 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. Charges will apply for late pick-ups.

___ I understand that my child must be up to date on all State required immunizations – including the flu. **We do not accept personal or religious exemptions to immunizations.**

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 _____

(3 of 7) Name of child _____

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 email _____

Name _____ Relationship _____

Phone: home _____ cell _____

Authorized to pick up? ☐ yes ☐ no email _____

Name _____ Relationship _____

Phone: home _____ cell _____

Authorized to pick up? ☐ yes ☐ no email _____

Name _____ Relationship _____

Phone: home _____ cell _____

Authorized to pick up? ☐ yes ☐ no email _____

Please list any person PROHIBITED from picking up your child _____

Name of child: _____

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** 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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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
with a prescription and a food allergy action plan.

Medical

Child's Doctor _____ phone _____

Address _____

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

Name of Child_____ Date of Birth_____

Please note that there is a one- time only discount for **Payment in Full** (\$75 part time; \$100 full time), or **additional child** (\$125 full time only). One discount per family; may not be combined. ***Please choose from the following options and circle your choice next to your choice:***

Twos Pricing

3 days 9 am-12:30pm	\$6400
5 Days 9 am-12:30 pm	\$7600
5 Days 9 am-12:30 pm early bird before 4/30/2023	\$7500
5 Days 9 am-3:15 pm	\$9700
5 Days 9 am-3:15 pm early bird before 4/30/2023	\$9500
5 Days 8 am-5 pm	\$15,200
5 Days 8 am-5 pm early bird before 4/30/2023	\$14,900

Threes Pricing

5 Days 9 am-12:30 pm	\$7300
5 Days 9 am-12:30 pm early bird before 4/30/2023	\$7200
5 Days 9 am-3:15 pm	\$9300
5 Days 9 am-3:15 pm early bird before 4/30/2023	\$9100
5 Days 8 am-5 pm	\$14,700
5 Days 8 am-5 pm early bird 4/30/2023	\$14,400

Pre K pricing Note: Pre K is **only** a 5 full day program

5 Days 9 am-3:15 pm	\$9300
5 Days 9-3:15 pm early bird before 4/30/2023	\$9100
5 Days 8 am -5 pm	\$14,700
5 Days 8 am-5 pm early bird before 4/30/2023	\$14,400

Extended Hour Rates

Hours per Week:

1-5: \$13/hr

6-10: \$12/hr

10 or more hours per week: \$10/hr

Before/Aftercare is billed **monthly** but may be included as part of a monthly payment when registered for an entire year. We ask for 24 hrs. notice if you will need extended care. Exceptions can be made for emergencies or unplanned delays. We will try to accommodate requests for early/aftercare in these circumstances.

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.

Child's name: _____

Parent Name print): _____

Parent Signature: _____

Email: _____

Parent Name (print): _____

Parent Name (signature) _____

Email: _____

Date: _____



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Debbie Lesnoy,

Director

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