



The Andrew Friedland Early Childhood Learning Center
at Temple Beth Rishon
585 Russell Avenue Wyckoff, NJ 07481 201-891-4466

2015-2016 Registration/Contract

Child's name _____ Nickname: _____

Phone _____ Child's sex: M ___ F ___ Child's D.O.B.: _____

Address: _____

Parent's name: _____ Occupation: _____

Cell phone: _____

Email: _____ Business Phone: _____

Parent's name: _____ Occupation: _____

Cell phone: _____

Email: _____ Business Phone: _____

Caregiver/Babysitter: _____ Tel. No: _____

List two people who can be responsible for your child **in case of emergency** if parents or caregiver cannot be reached.

Name: _____ Name: _____

Tel. No: _____ Tel. No: _____

Relationship: _____ Relationship: _____

Names & ages of siblings at home: _____

Credit card information (required of all families regardless of method of payment). Any accounts past due will be charged to credit card. VISA ___ MC ___ AM EX ___ expiration _____

_____ Card code: _____

Membership:

Required for families with children enrolled in Twos, Threes, and Fours.

Membership fees are waived for the first year for families new to TBR.

Terms of Enrollment:

1. I understand that the person who signs this contract is responsible for the total tuition and fees.
2. I understand the deposits for tuition and membership are non-refundable. If the Preschool cancels a class, all fees will be returned in full.
3. I understand there is no credit for illness, holidays, vacations, early withdrawals, or school closings due to weather or emergencies, nor will make up days be scheduled.
4. I will abide by the school's determination as to placement, teacher assignment, and all school policies.
5. I understand my child will be sent home in case of illness, and I will abide by the school's policy that a child must be fever free for 24 hours before returning to school.
6. I understand that enrollment after June 10th **will incur a \$100 administrative fee.**
7. I understand that all additions to my child's schedule after June 10th are subject to availability without an administrative fee.
8. I understand that after June 10th, any reduction in scheduling will result in a charge equal to 50% of the difference in programming fees.

Parent's Signature _____ Date _____

Principal's Signature _____ Date _____