The Foundation School 2016-2017 **Pre-School Enrollment Contract**

Child:		Date of birth: Month	Day	Year	Gende	lale	emale	
Parent 1:		Date of birth: Month	Day	Year				
Address:		City:		State:	Zip:			
Home Phone:	Cell/Other Phone:		Email:					
Occupation:		Business Phone:						
Parent 2:		Date of birth: Month	Day	Year				
Address:		City:		State:	Zip:			
Home Phone:	Cell/Other Phone:		Email:					
Occupation:		Business F	Phone:					
Parents' Marital Status: Married/Partnere	d Divorced lingle Other	Child resides with: Parent 1	Parent	2 Other:				
Siblings: (list names/ages):								
What school(s) do sibling(s) attend?								
Temple Membership IS INCLUDED at I	o additional cost IF ONE OR BOTH P	ARENTS ARE JEWISH. Please s	elect fro	m the followi	na options:			

We are not interested in Temple membership. We are current Temple members. We would like to become Temple members.

HOURS OF OPERATION WILL VARY DEPENDING ON THE TUITION PLAN. WE ARE CLOSED ON JEWISH AND NATIONAL HOLIDAYS.

I. ANNUAL REGISTRATION FEE: (No prorations, Refunds, or Transfers) \$1,000 FOR THE FIRST CHILD; \$900 EACH ADDITIONAL SIBLING IN THE FOUNDATION SCHOOL PRE-SCHOOL AND/OR KINDERGARTEN; \$1,100 FOR EACH ADDITIONAL SIBLING IN THE INFANT/TODDLER PROGRAM.

II. TUITION PAYMENTS: SEPARATE FROM REGISTRATION FEE AND DUE ACCORDING TO THE TUITION PLAN OPTION SELECTED BELOW. FIRST TUITION PAYMENT MUST BE RECEIVED BY JUNE 1, 2016 TO SECURE ENROLLMENT. 10% DISCOUNT FOR ADDITIONAL SIBLINGS.

	Full school year (August 2016-June 2017) Tuition Plans for toddlers through Pre-K						
	♦ Select Schedule (Below) and Payment Plan (Right)) → A \$25 charge applies for changes made after August 1, 2016	A: 1 Payment Date	Batan ces Due 8/1/16 and 12/1/16		: 10 Monthly Payments Balances Due 8/1/16 nough 5/1/17 with a valid Debit or Credit Card		
	5 Days Per Week (Mon. through Fri.) starting at 9:00 am	Total	2 payments of	Total	10 payments of	Total	
	2:00 pm Dismissal for Toddlers, 2 & 3 year-olds, and Pre-K	\$11,750	\$6,000	\$12,000	\$1,250	\$12,500	
	12:30 pm Dismissal for Toddlers, 2 & 3 year-olds ONLY	\$10,500	\$5,375	\$10,750	\$1,125	\$11,250	
	3 Days Per Week (Mon./Wed./Fri.) starting at 9:00 am						
L	2:00 pm Dismissal for Toddlers & 2 year-olds ONLY	\$9,375	\$4,850	\$9,700	\$995	\$9,950	
	12:30 pm Dismissal for Toddlers & 2 year-olds ONLY	\$8,375	\$4,300	\$8,600	\$890	\$8,900	

Extended care options are available. Separate Enrollment Contract is required. Please call the office for details 305.538.7231.

LUNCH OPTION Fresh healthy, nature ^{1/4} rganic, hot lunches served daily								
For 2:00 pm and 12:30 pm Dismissals	ayment/ Total	payments of	Total	10 payments of	Total			
5 Day Lunch Program (Served Monday through Friday)	\$1,050	\$550	\$1,100	\$120	\$1,200			
4 Day Lunch Program (Served Monday through Thursday)	\$850	\$450	\$900	\$100	\$1,000			
3 Day Lunch Program (Served Monday, Wednesday, Friday)	\$650	\$350	\$700	\$75	\$750			
Pizza Lunch (Served only on Fridays)	\$200	\$115	\$230	\$25	\$250			
Please refer to page 5 for menu descriptions.								
CLASS PLACEMENT: List two special friends you would like yo	ur child to be with	(final placement is r	nade at the o	discretion of The Foundat	ion School Director)			
1 2								
III. PAYMENT: REGISTRATION FEE AND TUITION WILL BE CHARGED ACCORDING TO THE TUITION PLAN SELECTED ABOVE.								
M/C, Visa or Amex#: Exp. Date:								
Billing Address:								
CHECK for registration deposit or Payment plan A: 1 Payment only (Payable to Temple Beth Sholom) Check #: in the amount of \$								
IV. I (We) understand that my (our) obligation to pay the fees for the full school year is unconditional. No portion of such fees paid or outstanding will be refunded, transferred, or canceled, notwithstanding absence, withdrawal or dismissal from the School. It is further agreed that enrollment, as specified within this Contract, may be canceled in writing, without penalty (except forfeit of the Annual Registration Fee) prior to June 1, 2016. If enrollment is canceled after June 1, 2016, parents or guardians financially responsible for students are obligated to pay the full annual charges. Payment options and terms are authorized as selected above.								
have read and understand Temple Beth Sholom's Immuniz	ation Policy							
Signature of Parent or Legal Guardian Date		The Foundation Sc	_					
					Date			

Enrollment contracts will not be processed nor will students have the ability to reserve space without payment, credit/debit card information and/or signature of parent or legal guardian on this form.

Signature of Parent or Legal Guardian