

Preschool/Kindergarten School Year 2016-2017

Options

CLASSES

- **Olam Baby.** For babies 6 weeks to 12 months with their parents. Meets on Fridays from 9 to 10:15 am. One-time charge of \$300 for the year.
- **ShabbaTot.** For children under 20 months with their parents. Meets on Fridays from 9 to 10:15 am. One-time charge of \$300 for the year.
- **Little Sprouts.** Must be 15 months by September 2016. Minimum of 2 half-days: M–Th.
- **Rising Stars.** 2-3 yr. olds; DOB 10/2013 – 10/2014. Minimum of 2 half-days.
- **Big Shots.** 3-4 yr. olds; DOB 10/2012 – 9/2013. Minimum of 3 half-days.
- **Fantastics.** 4-5 yr. olds; DOB 10/2011 – 9/2012. Minimum of 5 half-days.
- **Kindergarten.** 5-6 yr. olds; DOB 10/2010 – 9/2011. Full days M–F 9–3 pm.
- **Kindergarten Explorations.** 5-6 yr. olds; DOB 10/2010 – 9/2011. Afternoons Noon–3 pm.

Instructions

1. First choose schedule you prefer. Mark which Monday, Wednesday or Friday are to be full days if any.
2. Then enter child’s name next to schedule you chose. If you have two children with the same schedule, just put both names in box.
3. Under “Write in Class,” indicate which class your child is in.

Choose Schedule	Choose Days/Mark Full or Half	Child(ren)’s Name(s)	Write in Class	Yearly Tuition
2 half-days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$4058
3 half-days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$6035
4 half-days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$6946
5 half-days	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$8112
3 half + 2 full	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$9106
2 half + 3 full	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$9627
Full-day Kindergarten	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$10988
Kindergarten Explorations*	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>			\$1360
To add one extra afternoon**	M <input type="checkbox"/> <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/>			\$987

*Per day for the year. **For the year.

Please note that there is a:

- \$625 Associate Member fee for the year that entitles you to all the benefits of Barnert Temple.
- \$325 Security fee to cover a full-time security guard and full security services.

Notes for unusual circumstances _____



747 Route 208 South
Franklin Lakes, NJ 07417



Preschool/Kindergarten School Year 2016-2017

Family Information

Parent 1 (Name with title) _____
Cell phone # _____ Work # _____
Email _____

Parent 2 (Name with title) _____
Cell phone # _____ Work # _____
Email _____

Home Address _____
City _____ State _____ Zip _____
Home phone # _____

Family status Married Domestic partners Divorced Single parent Widow/er

If divorced, which parent is the custodial parent? _____
Are you an interfaith family? yes no

Children's Information

Child 1 Name _____ DOB ____/____/____
Hebrew name _____ Sex _____

My child has no known allergies
 My child has the following allergies _____
 My child requires an Epi Pen. I understand that I must make one available to the school office or he/she is old enough to carry it.

Child 2 Name _____ DOB ____/____/____
Hebrew name _____ Sex _____

My child has no known allergies
 My child has the following allergies _____
 My child requires an Epi Pen. I understand that I must make one available to the school office or he/she is old enough to carry it.

Child 3 Name _____ DOB ____/____/____
Hebrew name _____ Sex _____

My child has no known allergies
 My child has the following allergies _____
 My child requires an Epi Pen. I understand that I must make one available to the school office or he/she is old enough to carry it.

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Child's Name _____

Emergency Contacts and Authorized Pick-Ups

(Please notify these people that they are on your list.)

Please list individuals that we can call in the event of an emergency if we cannot reach you and check off any that are authorized to pick your child(ren) in your absence.

Name _____ Relationship _____

Home # _____ Cell # _____

Authorized to pick up? Yes No

Name _____ Relationship _____

Home # _____ Cell # _____

Authorized to pick up? Yes No

Name _____ Relationship _____

Home # _____ Cell # _____

Authorized to pick up? Yes No

Name _____ Relationship _____

Home # _____ Cell # _____

Authorized to pick up? Yes No

Permission

- I give permission for the staff of Barnert Temple to photograph or video tape my child for educational, evaluative, or publicity purposes.
- I give permission for my child to take walks around the property immediately surrounding Barnert Temple, when carefully supervised by the Barnert Temple Preschool staff.
- I give permission for a staff member to re-apply the clearly labeled sunscreen I send in for my child.

Parental Agreement

- I read and agree to all information above.

Medical Release Information

Please check boxes below:

- I agree that in the event that my child(ren) requires medical care and I or any of my emergency contacts cannot be reached, I hereby authorize the doctor and/or hospital to which he/she may be brought 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 Barnert Temple School's jurisdiction.

Name of medical insurance company _____

Policy # _____

Name of doctor _____ Phone number _____