



REGISTRATION PACKET

2020-2021

Please complete the following forms and return them to our office to begin the enrollment process. All sections must be completed. If you have any questions as you fill out the packet, please contact us.

Checklist

- Enrollment Forms
- Tuition Contract and Payment Method
- Enrollment, Deposit and Annual Activity Fees
- Medical and Emergency Information
- School Health Forms from your Pediatrician (Medical and Immunization)
- Copy of your child's birth certificate
- Copy of parents' government issued photo ID
- Copy of government issued photo ID for each designated adult for pickup
- Vpk Voucher if applicable (for students age 4 by September 1st 2020)

Enrollment Contract

Your Child

Child's Name _____ Last Name _____

Jewish Name _____ D.O.B. _____

Address _____ City _____ Zip _____

Parents

Father's Name _____ e-mail _____

Phone _____ Cell _____

Occupation _____ Business Phone _____

Business Address _____

Mother's Name _____ e-mail _____

Phone _____ Cell _____

Occupation _____ Business Phone _____

Business Address _____

Married Separated Divorced – how long _____

Is child's natural mother Jewish from birth? Yes No

Family

Language spoken at home _____

Name and ages of siblings _____

_____ Placement of child in family _____

Parent's Signature: _____

Date: _____

Date of Enrollment: _____

Tuition Contract 2020-2021

Child's Name: _____

Annual Registration Fee..... \$150

Annual Activity Fee.....\$150 ,due Sep 1st 2020

Deposit.....\$150, due upon enrollment, applied towards your last tuition payment.

Tuition FeePayments Due on the 1st of every month, beginning on August 1st, and ending on May 1st.

Our Program offers classes for ages 4 months to 5 year olds

Program	Tuition	Tuition infants	10 Monthly Payment / Infants	
5 Full Days (9:00am-3:00pm)	\$8,500 (\$6,150 with vpk voucher)*	\$9,500	\$850	\$950
5 Half Days (9:00am-12:30pm)	\$6,150 *	\$7,150	\$615	\$715
3 Full Days (9:00am-3:00pm)	\$6,650 *	\$7,650	\$665	\$765
3 Half Days (9:00am-12:30pm)	\$5,000 *	\$6,000	\$500	\$600

*Sibling Discount %5

Extended Day

<input type="checkbox"/>	8:00 am – 9:00 am (Mon-Fri)	\$100 a month (or \$3 per 15 minutes)
<input type="checkbox"/>	3:00pm - 4:30 pm (Mon-Thurs)	\$150 a month (or \$3 per 15 minutes)
<input type="checkbox"/>	3:00 pm – 5:55 pm (Mon-Thurs)	\$250 a month (or \$3 per 15 minutes) <small>(pick up after 5:55pm Mon-Thur or after 3:00pm Fridays will be charged \$1 per minute late)</small>

The non-refundable registration fee and deposit holds a place until August 1, 2020. Unless the school receives written notice of withdrawal of the contract by this date, the family will be held responsible for tuition payments. Tuition payment is non-refundable.

Students are entered into the Chai Center Preschool under an enrollment **contract** for the entire school year. Voluntary early withdrawal has to be submitted in writing prior to the first of the month, and 30% of the remaining tuition payment is due.

Anyone wishing to apply for financial assistance must submit an application by March 29th 2020. All inquiries and applications are kept in strictest confidence. Those applying for financial assistance must pay the registration fee of \$150 in full.

Payments:

Tuition - Payments are processed on August 1, 2020 through May 1, 2021

Postdated Checks (enclose all checks)

Visa Master Card Amex CC# _____

Exp. _____ / _____ CVV: _____

Parent's Signature: _____ Date: _____

(Please note.. Payments made with credit card will be charged an extra 2%)

Chai Center Preschool
5761 Coral Ridge Drive, Coral Springs, Florida 33076
www.mychaicenterpreschool.com office: 954-798-6022

Medical and Emergency Information

Child's Name: _____ Date: _____

A- Emergency Alternate Contacts

In case of emergency, when neither parent can be reached, please list two contacts who will take responsibility for your child.

1. Name _____ Relationship to child _____

Phone () _____ () _____

2. Name _____ Relationship to child _____

Phone () _____ () _____

B- Doctor's Information

If parents cannot be reached and emergency medical advice is needed, permission is given to the preschool staff to phone my child's doctor:

Family Doctor's Name _____

Address _____

Doctor's Office Phone _____

Allergies or Medical Problems _____

Are there any conditions or behaviors that require special attention, medication or a special diet?

C- Emergency Care Authorization

In case of medical emergency requiring immediate emergency care, I give consent to transport my child by ambulance to the nearest hospital and administer the appropriate care.

Parent's Signature: _____ Date: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Child's Name: _____

Authorization for Pickup:

I authorize the following people to pick my child up from school without prior notice. Please attach a photo id for each person listed below.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Password: *Initial:* _____

Circumstances may occur when you will need someone that is not listed above to pick your child up from this facility. When these circumstances arise, you will call and inform us of your instruction. Informing us of your password will enable us to carry out your instructions.

Password: _____

Hours of Operation: *Initial:* _____

Chai Center Preschool is open Monday through Friday. Our program hours are from 9:00 am to 3:00 p.m. with extended care offered from 8:00 a.m. until 5:55 pm. Please be prompt. At the end of the month you will be automatically charged \$3 per 15 minute for arrival after your designated pick up time or \$1 per minute late after school hours.

Discipline Policy: *Initial:* _____

Discipline at Chai Center Preschool will take the form of positive classroom management. Our goal is for the child to learn self-management skills and inner control through participation in a safe, loving and well planned environment. Children are provided with consistent routines and realistic limits and expectations. Children shall not be subjected to discipline which is severe, humiliating or frightening. Discipline shall not be associated with food, rest or toileting. Spanking or any form of physical punishment is prohibited.

Expulsion Policy: *Initial:* _____

The Chai Center Preschool will do our best to provide proper placement of each child. Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. This can be a result of physically harmful behaviors or the like. Prior to expulsion, a parent will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent to correct the problem. (To see more, read the Parent's Handbook.)

Physical Activity: *Initial:* _____

Your child will partake in indoor and outdoor physical activity for at least 45 minutes each day. Please send your child to school with appropriate clothing for the weather, such as sweaters and rain gear. Children are to wear closed toe, supportive shoes. **No flip flops or open back shoes allowed.** When we experience inclement weather, we will partake in indoor gross motor play. Children will be encouraged, but never forced, to participate in the physical activities.

Alternate Nutrition: *Initial:* _____

Parents and the Chai Center Preschool are working cooperatively to assure that children are provided with nutritious snacks and meals. I agree to provide a and nutritious morning snack, lunch and a mid-afternoon snack for my child. We are a **Nut free** facility.

I have read the above information and I understand and consent to all the above mentioned.

Parent's Signature: _____ Date: _____

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Child's Name: _____

Food Related Activities: *Initial:* _____

I allow my child to participate in food related activities such as baking conducted at school.
I allow my child to participate in birthday parties or any other activity in which special food is served from outside or prepared in school.

Field Trip Permission: *Initial:* _____

I hereby give the Chai Center Preschool permission to take my child to the Chai Center Chabad buildings during the school day.

KNOW YOUR CHILD CARE FACILITY: *Initial:* _____

I have received a copy of KNOW YOUR CHILD CARE FACILITY.

Flu Brochure: *Initial:* _____

I have received a copy of THE FLU, A GUIDE FOR PARENTS

Permission to Photograph: *Initial:* _____

I hereby give Chai Center Preschool permission to photograph and videotape my child during the school year. The pictures may be posted on our website and may be used for marketing without any name indications.

Phone and Email List: *Initial:* _____

I give permission for our name, telephone number and email to be placed on a class list for release to other parents.

Policy Manual Agreement: *Initial:* _____

I have read, understood and agree to abide by the policies stated in the Chai Center Preschool Parent Handbook.

Grandparents:

We would like to notify grandparents when we have special events. We would also like to share Rosh Hashana and Chanukah cards with them.

Grandparents: _____

Address: _____

Email: _____

Grandparents: _____

Address: _____

Email: _____

Emails:

A weekly email newsletter keeps parents current with what is happening in the classroom, upcoming events and more. Please indicate which email addresses to send this to.

Email: _____ Email 2: _____

I have read the above information and I understand and consent to all the above mentioned.

Parent's Signature: _____ Date: _____

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Swim Central Water Safety Education Questionnaire:

This form is a **survey** that must be administered to every child attending our program.

Child care facility: Chai Center Preschool Date: _____

Child's Name: _____ Age: _____

Parent's Name and Address: _____

Has your child ever taken swim lessons? Yes No

Can your child roll over and float on his/her back? Yes No

Can your child swim to the side of the pool? Yes No

Have you taken a Community Water Safety Course? Yes No

Is anyone in your household certified in CPR? Yes No

Additional Comments: _____

Please mail or fax to: SWIM CENTRAL
1 North University Drive Suite 401B
Plantation, FL 33324
Fax: 954 357 8077
Phone: 954 357 7946

For office use only:
Form faxed on _____

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