



The Andrew Friedland
**EARLY CHILDHOOD
 LEARNING CENTER**
 at Temple Beth Rishon
 585 Russell Avenue Wyckoff, NJ 07481
 www.bethrishon.org
 201-891-4466

2024-2025

Child's Name _____ Nickname: _____ Child's DOB: _____

Phone _____ Gender: M ___ F ___ Referred By: _____

Address: _____

Parent #1 Name: _____ Occupation: _____

E-mail: _____ Cell Phone: _____

DOB: _____ Work Phone: _____

Parent #2 Name: _____ Occupation: _____

Email: _____ Cell Phone: _____

DOB: _____ Work Phone: _____

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 & DOBs of Siblings: _____

Terms of Enrollment:

- I understand that the person who signs this contract is responsible for the total tuition and fees.
- I understand there is a non-refundable enrollment fee of \$695 plus a security fee of \$890 per family. The enrollment fee includes a TBR "Preschool Membership" and entitles your family to all the benefits of membership, including High Holy day tickets. The membership will remain in effect as long as you have a child enrolled in the preschool and until your oldest child enrolls in religious school, at which time the membership category would change.
- **I understand a 15% non-refundable deposit on tuition and fees is due upon enrollment and is non-refundable.** If a check is not included with your application, your credit card will be charged. If the school cancels a class, all fees will be returned in full. Applications are not considered complete until payment is received.
- 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.
- I will abide by the school's determination as to placement, teacher assignment, and all school policies. Policies available upon request.
- 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 and vomit free for 24 hours (without medication) before returning to school. I acknowledge that my child **MUST** be current on all their vaccinations, **including the flu vaccine. No religious exemptions will be accepted.**
- **I understand that the school year runs from September 9, 2024 - June 12 2025.**

Credit card information is required of all families regardless of method of payment. Any accounts past due will be charged to the credit card on file. There is a 3% service fee on all credit card payments. There is no fee for tuition paid by check.

VISA ___ MC ___ AMEX ___ Card Number: _____ Exp. Date: _____ CVC _____

Parent Signature _____ Date _____

Easy online enrollment through ShulCloud for current families!

Class	Day/Time	Fees
Playgroupies Birth to Age 2	Fridays 9:15-10:15am	Free of Charge Register at www.bethrishon.org
Mini Twos Age 2 by Mar. 1, 2024	9:00am-12:30pm 2 Days: 3 Days 5 Days	\$5,180 \$7,770 \$10,900
Twos Age 2 by Oct. 1, 2024	9:00am-12:30pm 3 Days: 5 Days:	\$7,770 \$10,900
Threes Age 3 by Oct.1, 2024	9:00am-2:00pm 3 Days: 5 Days:	\$8,700 \$13,000
Superstars Age 4 by Oct. 1, 2024	9:00am-3:00pm 5 Days:	\$13,800

5% Sibling Discount for second child. 10% for 3rd child. All children must be enrolled in the same school year to benefit from the sibling discount. Discount applies to tuition only, and is applied to the lowest cost tuition.

Early Room/Late Room:
8:00am-9:00am and 12:30pm-4:00pm
\$18 per hour
Any child picked up 10 minutes after scheduled time will be charged for the next hour.

Emergency Accommodations-
In the event that you have a child care emergency on which you are not registered for, accommodations are available. Please call the director for availability and pricing.

MINI TWOS (9:00AM-12:30PM)

TWOS (9:00AM-12:30PM)

THREES (9AM-2PM)

SUPERSTARS (9AM-3PM)

***SHORTER, MORE AND/OR FEWER DAYS UPON REQUEST AND SUBJECT TO AVAILABILITY*
PRICING UPON REQUEST**

DAYS: PLEASE CIRCLE ALL DAYS OF ATTENDANCE:

M

TU

W

TH

F

TEMPLE MEMBER

NON-MEMBER

Total Program _____