



The Ruth and Edward Taubman
EARLY CHILDHOOD CENTER

6261 S.W. 18th Street, Boca Raton, Florida 33433 Tel: (561) 750-9665

REGISTRATION FORM 2018/2019



Child's Last Name: _____ First Name: _____
 Date of Birth: _____ Sex: M _____ F _____
 Is your family a member of B'nai Torah Congregation: Yes _____ No _____
 Parent's Name: _____
 Street Address: _____
 Sub-Div: _____ City: _____ State: _____ Zip Code: _____
 Email Address (required): _____
 Phone: Home _____ Business _____ Mobile/Beeper _____
 Parent's Name: _____
 Street Address: _____
 Sub-Div: _____ City: _____ State: _____ Zip Code: _____
 Email Address (required): _____
 Phone: Home _____ Business _____ Mobile/Beeper _____
 Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Other _____
 I authorize my child's information to be included on a class list to be shared (**PLEASE INITIAL**): Yes _____ No _____
 Sibling's names and ages: _____

Toddler: Children must be 2 by September 1, 2018

_____ Mon/Wed/Fri	9:00 am - 12:00 pm	\$ 6,260.00
_____ Mon thru Fri (5 days)	9:00 am - 12:00 pm	\$ 9,765.00
_____ Mon/Wed/Fri	9:00 am - 1:30 pm	\$ 7,810.00
_____ Mon thru Fri (5 days)	9:00 am - 1:30 pm	\$11,260.00
_____ Mon/Wed/Fri	9:00 am - 3:00 pm	\$ 8,230.00
_____ Mon thru Fri (5 days)	9:00 am - 3:00 pm	\$13,455.00

Pre-School: Children must be 3 by September 1, 2018

_____ Mon/Wed/Fri	9:00 am - 1:30 pm	\$ 7,965.00
_____ Mon thru Fri (5 days)	9:00 am - 1:30 pm	\$11,480.00
_____ Mon/Wed/Fri	9:00 am - 3:00 pm	\$ 8,390.00
_____ Mon thru Fri (5 days)	9:00 am - 3:00 pm	\$13,725.00

Pre-K: Children must be 4 by September 1, 2018

_____ Mon thru Fri (5 days)	9:00 am - 1:30 pm	\$11,965.00
_____ Mon thru Fri (5 days)	9:00 am - 3:00 pm	\$14,250.00

Part Time (9-1:30) Semester 1 Pre-K and Semester 2 VPK (Mandatory: PBC VPK Voucher): Children must be 4 by September 1, 2018
 *Subject to change based on VPK Voucher Rate for Fall 2018/19 when released

Semester 1 Pre-K: _____ Mon thru Fri (5 days) * program dates to follow	9:00 am - 1:30 pm	\$ 9,250.00
Semester 2 VPK (free of charge): _____ Mon thru Fri (5 days) * program dates to follow	9:00 am - 1:30 pm	\$ 0

Full Time (9-3) Semester 1 Pre-K and Semester 2 VPK (Mandatory: PBC VPK Voucher): Children must be 4 by September 1, 2018
 *Subject to change based on VPK Voucher Rate for Fall 2018/19 when released

Semester 1 Pre-K: _____ Mon thru Fri (5 days) * program dates to follow	9:00 am - 3:00 pm	\$11,705.00
Semester 2 VPK (free of charge): _____ Mon thru Fri (5 days) * program dates to follow	9:00 am - 3:00 pm	\$ 0

Extended Hours for All Programs:

_____ Mon thru Fri (5 days) Toddler, Preschool, Pre-K	7:30 am-6:00 pm (5:00pm on Shabbat)	\$17,120.00
_____ Mon thru Fri (5 days)	7:30 am-9:00 am	\$ 2,460.00

Required Fees for Toddler, Preschool, Pre-K, Part Time and Full Time Semester 1 Pre-K:

Non-Refundable Registration Fee (per child due at registration)	\$ 200.00
Non-Refundable Deposit (Toddler, Preschool, Pre-K - applicable to final tuition payment – per child due at registration)	\$ 400.00
Non-Refundable Security Fee (per child due with first tuition payment on July 1, 2018)	\$ 200.00

I UNDERSTAND THE POLICY ON SCHOOL REGISTRATION AND AGREE TO BE RESPONSIBLE FOR PAYMENT OF ALL FEES DUE. I UNDERSTAND THE FAILURE TO MAKE PAYMENT AS REQUIRED WILL RESULT IN TERMINATION OF SERVICE. I UNDERSTAND THERE ARE NO REDUCTION IN FEES OR REFUNDS DUE TO ABSENCE, ILLNESS OR WITHDRAWAL.

Signature (Parent or Guardian): _____ Date: _____

Program: _____ Toddler _____ Preschool _____ Pre-K _____ VPK (Voucher Attached)

Program Fee: \$ _____ First payment Due:
 Discount (if applicable): \$(_____) Final Payment Due:
 Total Program Fee: \$ _____

Registration Fee:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
Deposit:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
Security Fee:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
Apply to Program Fee:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card

Total Paid: \$ _____

Circle One: Visa MasterCard Amex Card No: _____ Exp Date: _____ CVV: _____

Name as it appears on the card: _____ Signature: _____

If third party credit card, please provide full address and telephone number of third party: _____