

B'nai Torah Congregation of Boca Raton, Inc.

THE RUTH AND EDWARD TAUBMAN EARLY CHILDHOOD CENTER

6261 SW 18th Street – Boca Raton, FL 33433

(561) 750-9665

Naomi Gordon, Director

FAMILY TIME FALL 2020 REGISTRATION

Child's Last Name _____ **First Name** _____

Child's birthdate _____ Sex: M__ F__ Are you a member of B'nai Torah? Y__ N__

Parent's name _____ Street Address _____

Sub-Div _____ City _____ State _____ Zip Code _____

Phone: Home _____ Business _____ Cell Phone _____

Email Address (required): _____

Parent's name _____ Street Address _____

Sub-Div _____ City _____ State _____ Zip Code _____

Phone: Home _____ Business _____ Cell Phone _____

Email Address (required): _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Siblings names & ages: _____

I authorize my child's information to be included on a class list to be shared (Please initial): Yes _____ No _____

Emergency Contact: Name _____ Phone _____

Physician Name: Name _____ Phone _____

Please list any allergies _____

Registration Schedule for Family Time Fall 2020

Monday, August 17, 2020 – Registration for Synagogue Members

Tuesday, August 18, 2020 – Registration for current Family Time participants

Wednesday, August 19, 2020 – Open Registration

Completed forms must be accompanied by a signed COVID waiver form

Please scan and Email completed forms to Bonnie.Smith@bnai-torah.org

*Please note: emailed forms **will not be processed** in advance of registration dates.

FAMILY TIME PROGRAMS ~ Fall 2020

OUTDOOR PROGRAM

Please indicate your choice of programs below:

<u>DAYS</u>	<u>BIRTHDATE</u>	<u>TIMES</u>	<u>PROGRAM COST</u>
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Lovable Me	January 1, 2020 – April 30, 2020		
Fridays (14 classes)		9:30 am – 10:45 am	\$420
September 4, 11, 25 October 2, 9, 16, 23, 30 November 6, 13, 20 December 4, 11, 18			

OR

Thursdays (15 classes)		11:15 am – 12:30 pm	\$450
September 3, 10, 17, 24 October 1, 8, 15, 22, 29 November 5, 12, 19 December 3, 10, 17			

Curious/Active Me	June 1, 2019 – December 31, 2019		
Thursdays (15 classes)		9:30 am – 10:45 am	\$450
September 3, 10, 17, 24 October 1, 8, 15, 22, 29 November 5, 12, 19 December 3, 10, 17			

OR

Tuesdays (10 classes)		11:15 am – 12:30 pm	\$300
October 13, 20, 27 November 3, 10, 17, 24 December 1, 8, 15			

Active/Powerful Me	January 1, 2019 – September 1, 2019		
Sessions:			
Tuesdays (16 classes)		9:30 am - 10:45 am	\$480
September 1, 8, 15, 22, 29 October 6, 13, 20, 27 November 3, 10, 17, 24 December 1, 8, 15			

Transition Me	September 2, 2018 – January 31, 2019		
Mondays and Wednesdays (29 classes)		9:30 am – 10:45 am	\$945
August 31 September 2, 9, 14, 16, 21, 23, 30 October 5, 7, 12, 14, 19, 21, 26, 28 November 2, 4, 9, 11, 16, 18, 23, 30 December 2, 7, 9, 14, 16			

Registration & Payment Policies

1. Non-refundable Registration & Security Fee (per child) \$65
2. Non-refundable Tuition payment is due in full at time of registration.
3. Weather make-ups will be scheduled for severe weather. Otherwise, outdoor classes are "rain or shine." Please dress for the weather.
4. Absence: **NO REFUNDS OR CREDITS WILL BE MADE DUE TO ABSENCES, ILLNESSES OR WITHDRAWALS.**
5. Class fees will be refunded for any classes cancelled due to a COVID shutdown as per attached COVID waiver form.
6. We reserve the right to revise the schedule based on enrollment.
7. Class Schedule – There will be **no make-ups for any Family Time classes missed due to personal absences or illness.**

I hereby enroll my child in the Family Time Summer 2020 program at the B'nai Torah Congregation of Boca Raton, Inc., THE RUTH AND EDWARD TAUBMAN EARLY CHILDHOOD CENTER. I understand there are NO REFUNDS. I agree to be responsible for all fees due the Ruth and Edward Taubman Early Childhood Center. I understand that failure to make payments as required will result in immediate termination of service.

Signature of parent/guardian _____ Date _____

Amount paid \$ _____ Check # _____

Please apply the indicated amount above to me (circle one): Visa MasterCard Discover

Credit Card Number _____ Exp Date _____ CVV _____

Please print your name as it appears on the credit card _____

If third party payment, please provide full address and telephone number of third party _____

