

Registration Package  
2018-2019



Early Childhood  
Education Center

---

at Temple Beth Tikvah

9955 Coleman Road, Roswell  
770.642.0434  
770-642-4168 (Direct Line)

[preschool@bethtikvah.com](mailto:preschool@bethtikvah.com)

# ENROLLMENT FORM 2018-2019

**Name:** \_\_\_\_\_

## PROGRAM INFORMATION

Days per week/Age Group	Days Attending	TBT Member Tuition	Non-Member Tuition
2 days(18-24 months)	Monday, Wednesday	\$305 per month	\$350 per month
3 days (2's, 3's, Pre-K)	Monday, Wednesday, Friday	\$415 per month	\$480 per month
4 days (2's, 3's Pre-K)	Monday, Tuesday, Wednesday, Friday	\$490 per month	\$555 per month
5 days (3's, Pre-K)	Monday, Tuesday, Wednesday, Thursday, Friday <small>*ALEF Fund scholarship available</small>	\$565 per month	\$635 per month
Madrigot Kindergarten Transition	Monday, Tuesday, Wednesday, Thursday, Friday <small>*ALEF Fund scholarship available</small>	\$635 per month	\$675 per month
Bright Beginnings For Children that Learn Differently 2 years-5 years	Monday, Tuesday, Wednesday, Thursday, Friday <small>*ALEF Fund scholarship available for Pre-K and Kindergarten aged children</small>	\$775 per month	\$950 per month

## TUITION PAYMENT PLAN

Please check which plan you will be utilizing for the 2018-2019 school year.

- Pay tuition in full by June 15, 2018.** A 5% discount will be applied **ONLY** if you meet the June 15, 2018 deadline.
- Monthly Checks:** You **must** submit nine post-dated checks August 1, 2018 through April 1, 2019. **Post-dated completed checks MUST be submitted with registration and will be deposited on the first day of the month. Any registration submitted without all postdated checks will not be processed.**
- Monthly Credit Card Payment:** This must be arranged with the Temple Beth Tikvah front office **prior** to entering school. **Credit cards will be run the first week of the month. There is a 3% service charge each time a credit card is run.**

Registration Fee required with Paperwork	TBT Members \$100.00 + 1 <sup>st</sup> month Tuition	Non- Member \$125.00 + 1 <sup>st</sup> month Tuition
Activity Fee -Includes Remini. supplies and activity fees	\$125.00 per child due August 1, 2018	\$125.00 per child due August 1, 2018

I understand that Temple Beth Tikvah Early Childhood Education Center reserves the right to refuse admission to any child at any time in the event that tuition is not paid as agreed.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **ENROLLMENT POLICY 2018-2019**

**Please review the following policy carefully and then sign and return to the Temple Beth Tikvah Early Childhood Education Center Office.**

### **FEES**

Please note that Temple Beth Tikvah requires all previous ECEC tuition be **paid in full** before enrollment for a new program or school year.

#### **1. REGISTRATION FEE AND FIRST MONTH TUITION:**

A non-refundable registration fee is required at time of enrollment and **MUST** accompany your child's first month of tuition. The registration fee is TBT Members \$100; Non-members \$125. **Your child's space can only be held with a completed Registration Form, the Registration Fee and First Month Tuition attached. Please return registration form and fees together to complete the registration process.**

#### **2. ACTIVITY FEE:**

A one-time, non-refundable, Activity Fee of \$125 will be added to your first bill. This fee covers the cost of special programming, enrichment classes, and special events. This also includes the cost of Remini per family as well as basic supplies.

#### **3. TUITION PAYMENT:**

- The **second child** in the family will receive a discount of **10% off** their tuition.
- The annual tuition will be billed on the first of the month beginning August 1, 2018 through April 1, 2019. The parent/guardian agrees to pay the monthly fee on or before the date due. Any other arrangement would need to be made with the front office.

#### **4. PAYMENT OPTIONS:**

The following are payment options for your child's tuition.

- Payment in full. **If payment is made in full by June 15, 2018, a 5% discount will be applied to the year's tuition total.**
- Monthly Check Payment. Nine postdated checks dated August 1, 2018 through April 1, 2019. **These checks must be submitted by August 1, 2018. No registration will be accepted without these checks.**
- Monthly Credit Card Payment. Your credit card will be billed one month in advance for each month's tuition. Your credit card information must be submitted by August 1, 2018. There is a 3% bank administrative fee for credit card use.

#### **5. BANK CHARGES/RETURNED CHECK FEE:**

You will be charged \$35 for each returned check.

#### **6. ABSENCES AND VACATIONS:**

Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as "make-up" days.

#### **7. WITHDRAWAL:**

The obligation for full payment of tuition and other fees will continue unless the parents submit a written and signed notification of early termination. Parents agree to furnish Temple Beth Tikvah with at least one month's advance written notice of such withdrawal.

If the parent fails to provide written notice, they will remain responsible for the full tuition for the next one (1) calendar month following the child's last day of attendance.

**8. RE-ENROLLMENT FOLLOWING SUSPENSION/WITHDRAWAL:**

If any situation occurs during which the child is temporarily withdrawn from Temple Beth Tikvah Early Childhood Education Center and the parents temporarily suspend regular payment of tuition, the enrollment will be terminated. Re-enrollment will be based on availability of space, and an additional registration fee will be required.

**9. PERMISSIONS:**

I hereby grant permission to my child and Temple Beth Tikvah ECEC to:

- A. Take part in all programs and activities, including the use of indoor and outdoor equipment.
- B. Be photographed or videotaped in connection with the daily program activities.

**10. REQUIRED FORMS:**

All application forms and payments must be submitted before a student will be admitted to any class.

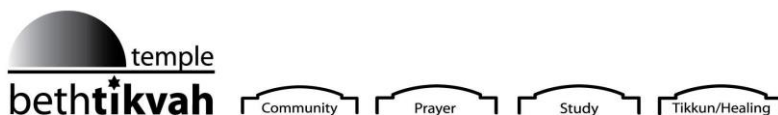
**\*REGISTRATION IS COMPLETE ONLY WHEN ALL FORMS, AND ALL CHECKS, INCLUDING POSTED DATED CHECKS, OR CREDIT CARD NUMBERS, ARE SUBMITTED.**

**11. PARENT HANDBOOK:**

A Parent Handbook will be given to you following your child's enrollment in our preschool. You will be asked to sign an agreement stating you have read the Handbook and agree to follow all of our regulations and policies.

I have reviewed each of the provisions in this Enrollment Policy and hereby agree to comply with all provisions hereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_





*For Internal Use Only*

Date Received: \_\_\_\_\_

Susan Cosden, RJE  
Director of Congregational Learning  
[education@bethtikvah.com](mailto:education@bethtikvah.com)

9955 Coleman Road  
Roswell, Ga 30075  
770-642-4168

**Applications are handled on a first-come first-serve basis. Enrollment depends on space and staffing availability.**

**Please Note: Classes may be cancelled at any time due to insufficient enrollment.**

**Your child's space can only be held with this form completed, the Registration fee and First Month's Tuition attached. Please return registration form and fees together to complete the registration process. Registration Fee is non-refundable and non-transferrable.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Hebrew Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Temple Beth Tikvah Member \_\_\_\_\_ Non-Member \_\_\_\_\_

Parent/Guardian #1	Parent/Guardian #2
Name _____	Name _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Email _____	Email _____
Home Phone # (if different from child's) _____	Home Phone # (if different from child's) _____
Address (if different from child's) _____	Address (if different from child's) _____
<hr/>	
Employment Information:	Employment Information:
Place of Employment _____	Place of Employment _____
Occupation _____	Occupation _____
Address _____	Address _____
I am currently at home with my child <input type="checkbox"/>	I am currently at home with my child <input type="checkbox"/>

Parental Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed \_\_\_

Child Lives With: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_ (name and relationship to child)

Child's Legal Guardian(s): Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_ (name and relationship to child)

Names of Siblings: (Please list names and ages) \_\_\_\_\_

***If parents are divorced/separated, copies of custody arrangements must be provided with your registration.***

**MEDICAL INFORMATION- (all information will be kept confidential)**

**STUDENT INFORMATION**

Please list any health issues that TBT ECEC should be aware of. This may include physical or mental conditions, existing or pre-existing illnesses, hospitalizations, or dietary restrictions.

\_\_\_\_\_

\_\_\_\_\_

Does/Has your child received support services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what areas? OT \_\_\_ PT \_\_\_ Speech/Language \_\_\_\_\_ Social Skills \_\_\_\_\_ Other \_\_\_\_\_

List any medications your child is taking that we should be aware of:

\_\_\_\_\_

Will your child be in need of medication during school hours? Yes \_\_\_\_\_ No \_\_\_\_\_

List any known allergies: \_\_\_\_\_

Will we be required to keep an EPI-Pen on the school premises for your child? \_\_\_\_\_

**THE GEORGIA CERTIFICATE OF IMMUNIZATION IS REQUIRED BY LAW FOR ALL STUDENTS.  
THIS CAN BE OBTAINED FROM YOUR CHILD'S DOCTOR. YOUR CHILD'S REGISTRATION  
WILL NOT BE COMPLETE UNTIL THIS FORM HAS BEEN REMITTED TO TBT ECEC.**

---

---

**DOCTOR INFORMATION**

PEDIATRICIAN'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

---

---

**INSURANCE INFORMATION**

INSURANCE COMPANY \_\_\_\_\_

GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

---

---

I acknowledge that all information listed above is correct, and that it is my responsibility to contact the school regarding any changes to my child's health, physician or immunization records. I agree to notify the school office if my child is exposed to any communicable diseases. I understand that before any medication is dispensed to my child, I must provide written authorization and submit the medicine in the original container with my child's name on it.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## **EMERGENCY INFORMATION**

### **ALTERNATE EMERGENCY CONTACTS**

PLEASE LIST OTHER PERSONS AUTHORIZED TO CONTACT FOR GUIDANCE IN AN EMERGENCY WHEN THE PARENTS ARE UNAVAILABLE.

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
  2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
- 
- 

### **RELEASE INFORMATION**

PLEASE LIST OTHER PERSONS TO WHOM TBT ECEC IS AUTHORIZED TO RELEASE YOUR CHILD. INCLUDE ANYONE OTHER THAN THE CUSTODIAL PARENTS, SUCH AS CARPOOLS AND ANYONE THAT MAY PICK UP YOUR CHILD IN A SPECIAL SITUATION OR EMERGENCY.

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

PLEASE NOTE THAT WE WILL REQUEST IDENTIFICATION BEFORE RELEASING YOUR CHILD.

---

---

**If an emergency arises, and none of the people mentioned above can be contacted, I hereby give Temple Beth Tikvah ECEC permission to take whatever measure it feels proper and necessary.**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_



Community

Prayer

Study

Tikkun/Healing



## **TBT Volunteers Mandatory Reporting Acknowledgment:**

The State of Georgia has changed the law which requires all volunteers to be mandated reporters. This means when a person who volunteers in a school or any program with children, they are mandated by law to report suspicions of abuse.

*Child service organization personnel means: persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.*

This document is provided to have every volunteer and staff member acknowledge his/her legal obligation to be a mandated reporter in cases of child abuse or neglect. Please read these provisions:

### **Temple Beth Tikvah is committed to keeping our children safe**

#### **How Many Children are Affected?**

- Every 26 minutes, a child is the victim of abuse in Georgia (*Prevent Child Abuse Georgia*).
- 1 in 4 girls and 1 in 6 boys are sexually abused before their 18th birthdays.
- In more than 90% of sexual abuse cases the child and the child's family know and trust the abuser.
- Every day, 32 children are the victims of confirmed abuse or neglect.
- 174 incidents of child abuse and neglect are reported daily.
- 77 children died from abuse and neglect in 2010.
- On any given day, about 7,400 children are in the foster care system.
- 13,127 children came through the foster care system during state fiscal year 2011.

#### **What is Child Abuse?**

Child maltreatment includes all types of abuse and neglect of a child (by parent or caretaker) under the age of 18. Georgia law defines "child abuse" as: Physical injury or death inflicted upon a child by a parent or caretaker by other than accidental means; Neglect or exploitation of a child by a parent or caretaker; Sexual abuse of a child; Sexual exploitation of a child.

Does not include consensual sex acts between minors or between a minor and an adult who is not more than 5 years older than the minor; Physical forms of discipline (corporal punishment) may be used as long as there is no physical injury to the child.

**There are four common types of abuse:** Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect.

#### **What do I have to do if I have to report?**

- **Mandated reporters are NOT investigators**
- When a Child Discloses Maltreatment: Respect the child's need for confidentiality / Find a private place to talk;
- Provide reassurance and avoid value judgments
- Listen openly, calmly, with minimal interruptions
- Write down the facts and words as reported to you, in the child's own words
- Do not try to get all of the details
- Minimize the number of questions you ask
- Avoid the use of leading questions
- Report the disclosure



**What Do I Report?**

- “Reasonable cause to believe a child has been abused” Suspicions, not necessarily direct evidence
- Make the report even if you do not have *all* the information Name, age, address and current location of child
- Name and address of child’s parents or caretakers, if known
- Name and address of suspected perpetrator
- Location where maltreatment took place, if known
- The nature and extent of the child’s injuries
- Any other information the reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator

**Rights of Mandated Reporters**

- Anonymity or confidentiality
- Knowledge of the outcome *only* of a report
- Immunity for “good faith” report
- Penalty for NOT reporting: Any person or official required by Georgia law to report suspected cases of child maltreatment and who knowingly and willfully fails to do so shall be guilty of a misdemeanor

**This is what I need to do as a Mandated Reporter at Temple Beth Tikvah, in compliance with the State Law and the policy advanced by TBT’s Board of Trustees:**

- 1) Go to my Supervisor, Director of Congregational Learning, the Rabbi or the Cantor.
- 2) Provide them with the relevant information so that ONE OF THEM can document and report the necessary information. You will be listed as the mandated reporter, but our director or clergy will make the call.
- 3) If danger is imminent, call 911 or the Fulton County Department of Family and Children Services

**Satellite office:**

North Fulton Service Center, 6075 Roswell Road, NE, Suite 300, Atlanta, Georgia 30328, 404-252-2180

<http://dfcs.dhs.georgia.gov/>

If after hours/weekend, call the DFCS toll-free line: 1-855-GA CHILD or 1-855 422-4453 (open 5:00 p.m. – 8:00 a.m. weekdays / 24 hours on the weekend, holidays and furloughs)

**I acknowledge my legal responsibility to be a mandated reporter and acknowledge the policy and procedures of Temple Beth Tikvah.**

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

## The Early Childhood Education Center at Temple Beth Tikvah

### PARENT'S CODE OF CONDUCT

As my child's most important educator, I understand that I teach my child best by my own example of reverence, responsibility, and respect. I understand the ECEC is dedicated to serving my family and nurturing Jewish values. These values include (but are not limited to):

**KAVOD (respect)**

**CHESED (kindness)**

**AHAVAH (love)**

**KEHILLAH (community)**

**DIBUK CHAVARIM (degree to which we honor and treat friends)**

I will partner with the ECEC to instill these values in my child and in order to show my cooperation, support, and thankfulness...

- I will set a good example in my own speech and behavior.
- I will show respect for the teachers and any other adult in authority in front of my child at all times regardless what I may think of their actions or say to them in private.
- I will stop rumors. I will go through the proper channels when I have a problem.
- I will speak respectfully and with kindness and courtesy to other parents in front of students, especially when there is any disagreement.
- I will follow the school's rules, calendars, and deadlines even when I may disagree.
- I will supervise my child at drop off and pick up time.
- Recognizing that the sanctuary is a holy place, I will do my best to instill in my child a sense of Kavod (respect), this means not standing on the pews, not running up and down the aisles, not carrying on conversations, etc.
- I will supervise my child even when I am socializing during communal celebrations such as, Family Shabbat, Thanksgiving Feast, Chanukah Celebration, VIP Shabbat, Dad's Bagel Break, Mom's Tea, and any other function in which I am attending with my child.
- I will keep these values in mind and model these ideals for my child while attending functions where other ECEC families are also attending.

**I will abide by this code of conduct and the Parent Handbook while my child is enrolled in the Early Childhood Education Center. This Code of Conduct was developed to promote a positive Jewish learning environment based on the Jewish values that we hold so dearly.**

Parent or Guardian Name Printed \_\_\_\_\_

Parent or Guardian Name Signed \_\_\_\_\_

Date \_\_\_\_\_

The Early Childhood Education Center at Temple Beth Tikvah  
Publicity Release:

**Please circle your choice:**

I do / do not give permission for my child to be photographed by the teachers or director of Temple Beth Tikvah's Early Childhood Center.

I do / do not give permission for my child's photograph to be displayed within Temple Beth Tikvah's Early Childhood Center. This includes, but is not limited to, wall displays, bulletin board displays, class books, art projects, etc.

I do / do not give permission for my child's photograph to be displayed on Temple Beth Tikvah's website and/or The Early Childhood Center's website (no names or other information will be used.)

I do / do not give permission for my child's photograph to be posted to the Early Childhood Center's Facebook page- (no names or other information will be posted.)

I do / do not give permission for my child to be videotaped and posted to You Tube- (no name or other information will be used.)

I do/ do not give permission for Temple Beth Tikvah's Early Childhood Center to use audio of my child- (no name or other information will be used.)

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Handbook Acknowledgement Form 2018-2019 School Year**

Temple Beth Tikvah Preschool meets the criteria for exemption from state licensure under the following categories:

- 1) Nursery/Playschools/Kindergartens/Other Educational Programs, four (4) Hours per Day, Ages Two (2) Years to Six (6) Years
- 2) Mother’s Morning Out. Children may attend no more than four (4) hours a day and no more than eight (8) hours per week

Temple Beth Tikvah maintains liability insurance that covers all school operations.

I understand that Temple Beth Tikvah Preschool has an exemption from state licensing.

I have read and understand the policies and procedures outlined in the Family Handbook. I agree to abide by the policies, rules, and regulations therein.

Child Name(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please sign this page of the handbook and return to the Preschool Office.

**Your child's file is not considered complete without this form.**