

Congregation Beth Shalom Preschool
772 W 5th Ave., Naperville, IL 60563
2019-2020 Registration Form

Welcome to our preschool! Congregation Beth Shalom Preschool was formed 28 years ago to serve the educational needs of young Jewish children in the western suburbs of Chicago. We accomplish this by providing an educational experience that includes the celebration of Jewish holidays and customs and at the same time meets Illinois school readiness standards. We do this through the use of academic centers along with providing ample opportunities for your child to learn through experience and play. Our program is designed for a mixed age class with 2, 3, 4, and pre-k 5 year olds. With a mixed program we can offer an education that best fits your child. In order to assure your child's success in our program all new students are required to complete a new student supplemental information form and meet with our Director/Head Teacher Sarah Ferrao prior to enrolling. Sarah has 17 years of experience, 13 of which were in Jewish preschools. Sarah is warm, loving, creative, dynamic, and passionate about teaching young children!

We have created a menu from which you choose your child's class schedule. Students can attend 2, 3, or 4 days per week, Tuesdays through Fridays. You pick which days work best for your child to attend. Our program runs from 9:00 A.M. to 11:30 A.M. We offer an early drop off from 8:00 A.M. to 9:00 A.M. and a lunch bunch enrichment program from 11:30 A.M. to 1:00 P.M.

Tuition for members of CBS is very similar to the Naperville Park District tuition rate. Tuition for non-members is 10% higher. Thus our school tuition is as follows:

2 days/week, 2.5 hours/day - Tuition: \$128/month for members, \$140/month for non-members
3 days/week, 2.5 hours/day - Tuition: \$193/month for members, \$213/month for non-members
4 days/week, 2.5 hours/day - Tuition: \$257/month for members, \$283/month for non-members
Early drop-off = \$8/day Lunch Bunch = \$15/day *You choose the day or days.

All students have a onetime non-refundable registration fee of \$85 due at the time of registration.

All students have a onetime non-refundable supply fee, due at the time of registration, as follows:
Attending 2 days/week: \$60, Attending 3 days/ week: \$80, Attending 4 days/week: \$100

Illinois Law requires every child in preschool to have a hearing and vision screening test done at a cost of \$10. This fee will be collected the month the children are tested.

We are part of the JUF Right Start Program. If one parent identifies as being Jewish, you can apply online to the JUF Right Start Program and significantly reduce your tuition even further. This program is not based on financial need. Please see the included JUF Right Start Program flyer for more information.

Families need to remain current with their tuition payments in order for their children to attend CBS Preschool. Unless paid in full, we require your tuition to be paid by automatic bank draft monthly or in 3 month intervals. The bank draft requires a onetime processing fee of \$25. This ensures no late payments and allows us to provide the lowest tuition possible. Please feel free to contact Sarah at sarah@napershalom.org or Ira and Susan Rubin, preschool committee chairs, at naperpeds@gmail.com, 630-865-5076, if you have questions or concerns.

2019-2020 Congregation Beth Shalom Preschool Registration Form

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

Birth Date _____ Child's Sex Male Female

Name by which child is most often called _____

Child's Home Address _____ City _____ Zip _____

With Whom does the child reside? _____

Parent 1

Name _____ Email _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Is texting available? Yes No If so, do you prefer a text message? Yes No

Indicate which phone is preferred by circling: Cell Phone Home Phone Business Phone

Occupation _____ Place of Employment _____

Parent 2

Name _____ Email _____

*If living at a different address, complete the following.

Address _____ City _____ Zip _____

*Complete the following if different than parent 1.

Home Phone _____ Cell Phone _____ Business Phone _____

Is texting available? Yes No If so, do you prefer a text message? Yes No

Indicate which phone is preferred by circling: Cell Phone Home Phone Business Phone

Occupation _____ Place of Employment _____

Is your family a member of Congregation Beth Shalom? Yes No

Please list name(s) and birth dates of all brothers and sisters in family:

Please list emergency contacts below that have permission to pick up your child in the event that neither parent or guardian can be reached. Emergency contacts must be within 1 hour driving distance.

Identification must be shown when someone other than a parent or guardian is picking up your child.

1. Name _____ Phone _____
Address _____ City _____ Zip _____
Relationship to child _____

2. Name _____ Phone _____
Address _____ City _____ Zip _____
Relationship to child _____

3. Name _____ Phone _____
Address _____ City _____ Zip _____
Relationship to child _____

Note: You are authorizing the people listed above to pick up your child in the event of an illness or emergency, when we are unable to contact you. They may also pick up your child on any day with your permission.

Please list anyone NOT permitted to pick up your child _____

Note: Court documentation must be provided for custody issues.

Child's Doctor _____ Phone _____

Address _____ City _____ Zip _____

Has your child attended preschool in the past? Yes No Did your child attend CBS? Yes No

Is your child currently attending another preschool or daycare? Yes No

If yes, what name, address and phone number of that school?

Does your child have any special needs? Yes No If yes, Is your child enrolled in any special services like Speech Therapy, Occupational Therapy, Physical Therapy, or any other early intervention treatment? Yes No ** If yes, please explain your child's needs on the back of this page.

Does your child have any medical or surgical needs like ALLERGIES? Yes NO

** If yes, please explain – use the back of this page if needed.

How did you learn about our Preschool Program?

Congregation Beth Shalom Preschool
2019 - 2020 Consent and Acknowledgement Form

Last Name _____ First Name _____ Date of Birth _____

Class Roster

I hereby give permission for CBS Preschool to put my name, my child's name, address, phone number and email on a class roster.

Signature of Parent or Guardian _____ Date _____

Jewish Learning

The CBS preschool incorporates Jewish religious teachings and practices. I understand that my child will take part in these activities.

Signature of Parent or Guardian _____ Date _____

Healthcare

If in the event of a medical problem, CBS personnel will contact parents and then the emergency contacts you have listed to obtain consultation and direction. However, if you and your contacts are not available in a timely manner, CBS personnel will offer First Aid treatment and seek emergency care if that is in the best interest of your child. By signing my name, I hereby consent to this healthcare policy.

Signature of Parent or Guardian _____ Date _____

Acknowledgements

I hereby acknowledge that I am aware of the following documents and requirements:

1. The Handbook for Congregation Beth Shalom Preschool (Handbook is available online).
2. The waiver for distribution and administration of medication.
3. The Congregation Beth Shalom Preschool Pesticide Policy.
4. The Congregation Beth Shalom Late Pick Up Policy included in our handbook.
5. We require an Illinois Certificate of Health Form completed within 1 year of starting.
6. We require a copy of your child's birth certificate with your registration.

Signature of Parent or Guardian _____ Date _____

Congregation Beth Shalom Preschool
2019 - 2020 CBS Preschool Tuition Payment Form

Last Name _____ First Name _____ Date of Birth _____

We provide the lowest possible tuition and the most flexible program possible. The continued success of Congregation Beth Shalom Preschool is based on the ability to collect tuition and fees budgeted.

Now determine your child's preschool program tuition. Amount

- 1) Non-Refundable Application Fee - due at the time of registration \$85 _____
- 2) Choose a Non-Refundable Supplies Fee – due at the time of registration _____
 - 2 days - \$60 3 days - \$80 4 days - \$100 _____

Calculate your non refundable program fees. Add #1 and #2 subtotal _____

These fees are required at the time of registration in the form of a check to Congregation Beth Shalom.

Choose the days you want to attend:

Tuesdays Wednesdays Thursdays Fridays

Find your monthly Preschool fee and circle it from the chart below.

	2 days	3 days	4 days
CBS Member	\$128	\$193	\$257
Non Member	\$140	\$213	\$283

Choose the days you want early drop off and lunch bunch.

Early Drop off: Tuesdays Wednesdays Thursdays Fridays

Lunch Bunch: Tuesdays Wednesdays Thursdays Fridays

Find your early drop off fee (\$8/day) and Lunch Bunch (\$15/day)

	1 day	2 days	3 days	4 days
Early Drop Off	\$32	\$64	\$96	\$128
Lunch Bunch	\$60	\$120	\$180	\$240

Now add up your customized program:

Preschool Fee	
Early Drop Off Fee	
Lunch Bunch Fee	
Total Monthly Fee	

Last Name _____ First Name _____ Date of Birth _____

Families need to remain current with their tuition payments in order for their children to attend CBS Preschool. Unless paid in full, we require your tuition to be paid by automatic bank draft monthly or in 3 month intervals. The bank draft requires a one-time processing fee of \$25. This ensures no late payments and allows us to provide the lowest tuition possible.

Check which payment plan you choose from the following:

_____ Plan A: Use the total amount determined, multiplied by 9 and pay one single payment due by August 15th and paid by Check to Congregation Beth Shalom. No bank draft fee.

_____ Plan B: Multiply the total determined by 3 and makes three equal payments due Aug 15th, Nov 15th, and Feb 15th automatically deducted by bank draft from your checking account. At this time pay our bank fee of \$25 and we will deduct your fee automatically from your bank. Please complete the bank draft authorization form.

_____ Plan C: We will use the monthly amount determined and you pay 9 equal monthly payments automatically deducted by bank draft from your checking account. At this time pay our bank fee of \$25 and we will deduct your fee automatically from your bank. Please complete the bank draft authorization form.

Please note the following:

1. There are NO tuition deductions or make up days for illness, emergency school closings, snow days or vacations.
2. Families must remain current in their tuition payments in order for their children to attend Congregation Beth Shalom Preschool.
3. Checks returned for NSF (non- sufficient funds) will be assessed \$25 by our bank.

I understand that the continued success of Congregation Beth Shalom Preschool is based on the ability to collect tuition budgeted, therefore I agree to meet all obligations outlined in my plan.

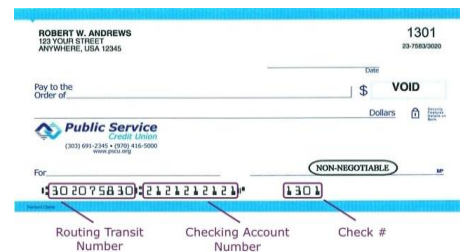
Signature _____ Date _____

Bank Draft Authorization

Name on Account: _____

Routing Number: _____

Checking Account Number: _____



I hereby authorize Congregation Beth Shalom to make automatic withdrawals on the 15th of each month of \$ _____ (determined on the last page) for _____ (3 or 9) equal payments.

Signature _____ Date _____