

Congregation Beth Shalom Preschool  
772 W 5<sup>th</sup> Ave., Naperville, IL 60563  
Registration Form  
2020-2021

Welcome to Congregation Beth Shalom Preschool! We were formed 29 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 Early Learning 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.

We have created a menu from which you choose your child's class schedule. Students can attend 2, 3, 4 or 5 days per week, Monday through Friday. 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/STEAM Enrichment Program from 11:30 A.M. to 1:00 P.M. each day for an additional fee.

\*There is a 10% discount on tuition for CBS members.

2 days/week	2.5 hours/day	\$140/month; members	\$154/month; non-members
3 days/week	2.5 hours/day	\$204/month; members	\$224/month; non-members
4 days/week	2.5 hours/day	\$268/month; members	\$294/month; non-members
5 days/week	2.5 hours/day	\$315/month; members	\$346/month; non-members
Early Drop Off	4-5 days/wk; \$8/day	3 days/wk; \$9/day	2 days/wk; \$10 1day/wk; \$12

Lunch Bunch/STEAM Enrichment = \$16/day \*You choose the day(s).

**Additional Fees:**

- All students have a one time non-refundable registration fee of \$85 due at the time of registration.
- All students have a one time non-refundable supply fee, due at the time of registration.
  - 2 days/week; \$60
  - 3 days/ week; \$80
  - 4 days/week; \$100
  - 5 days/week; \$120
- Vision/Hearing Screening: \$10 (to be collected the month of screening)

We are proud to be part of the JUF Right Start Program. If one or both parents identify as being Jewish, you may 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 one time processing fee of \$25. This ensures no late payments and allows us to provide the lowest tuition possible. Please feel free to contact Wendy Adler at [wendy@napershalom.org](mailto:wendy@napershalom.org) or Ira and Susan Rubin, preschool committee chairs, at [naperped@gmail.com](mailto:naperped@gmail.com), 630-865-5076, if you have questions or concerns.

*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 prior to enrolling.*

Congregation Beth Shalom  
Preschool Registration Form  
2020-2021

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 Information (1):

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Bus 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 Information (2): \*If living at a different address

Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Bus 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 \_\_\_\_\_

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 agreements.*

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, does your child receive any special services such as: Speech Therapy, Occupational Therapy, Physical Therapy, or any other interventions?  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 such as 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  
Consent and Acknowledgment Form  
2020-2021

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  
CBS Preschool Tuition Payment Form  
2020-2021

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

We work to keep our tuition as low as possible with our program flexible. The continued success of Congregation Beth Shalom Preschool is based on the ability to collect tuition and fees budgeted.

To determine your child's preschool program tuition:

1) Non-Refundable Application Fee - due at the time of registration \$85 \$ \_\_\_\_\_

2) Non-Refundable Supplies Fee – due at the time of registration  
2 days - \$60 3 days - \$80 4 days - \$100 5 days - \$120 \$ \_\_\_\_\_

Calculate your non refundable program fees. Add #1 and #2 subtotal \$ \_\_\_\_\_

Choose the days your child will to attend:

Mondays  Tuesdays  Wednesdays  Thursdays  Fridays

Find your monthly preschool tuition and circle it from the chart below.

2 days/week	\$140/month; members	\$154/month; non-members
3 days/week	\$204/month; members	\$224/month; non-members
4 days/week	\$268/month; members	\$294/month; non-members
5 days/week	\$315/month; members	\$346/month; non-members

Choose the days you are requesting early drop off and/or lunch bunch/STEAM Enrichment:

Early Drop off:  Monday  Tuesday  Wednesday  Thursday  Friday

Lunch Bunch:  Monday  Tuesday  Wednesday  Thursday  Friday

Early Drop Off (Price per month):				
1 day/week: \$48	2 days/week: \$80	3 days/week: \$108	4 days/week: \$128	5 days/week: \$160
Lunch Bunch/STEAM Enrichment: (Price per month):				
1 day/week: \$64	2 days/week: \$128	3 days/week: \$192	4 days/week: \$256	5 days/week: \$320

Total Fees:

Monthly Tuition \$ \_\_\_\_\_

Early Drop Off Fees \$ \_\_\_\_\_

Lunch Bunch Fees \$ \_\_\_\_\_

Total Monthly Fee \$ \_\_\_\_\_

\*Program Fees \$ \_\_\_\_\_ (one time fee)

\*We offer a 10% sibling discount for the Preschool Tuition Fee for each additional sibling enrolled during the same school year.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Families must 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 15<sup>th</sup> and paid by Check to Congregation Beth Shalom. No bank draft fee.

\_\_\_\_\_ **Plan B:** Multiply the total determined by 3 and make three equal payments due Aug 15<sup>th</sup>, Nov 15<sup>th</sup>, and Feb 15<sup>th</sup> 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 15<sup>th</sup> of each month of \$ \_\_\_\_\_ (determined on the last page) for \_\_\_\_\_ (3 or 9) equal payments.

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