



Congregation Beth Shalom Preschool

Preschool Registration 2024-2025

Welcome to Congregation Beth Shalom Preschool! We were formed over 30 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 Early Childhood Learning and Development 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 flexible schedule for you to choose what is best for your child and your family. 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. In addition, we offer a STEAM Enrichment Program from 11:30 A.M. to 1:00 P.M. each day for an additional fee and the option of an early drop off as well. Students cannot be in the school for more than 5 hours per day.

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. Please see the included JUF Right Start Program flyer for more information.

<https://www.juf.org/youngfamilies/JUF-Right-Start.aspx>

Please feel free to contact Susan Rubin at cbspreschool@napershalom.org or (630) 961-1818 for any questions.

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 prior to enrolling.

Congregation Beth Shalom Preschool
Registration Form
2024-2025

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

Birth Date: _____ Gender: _____ Male _____ Female

Child's Home Address: _____

City: _____ Zip Code: _____

School District: _____ Elementary School (if known): _____

With Whom does the child reside? _____

Parent Information (1):

Name: _____ Email: _____

Address (if different): _____

City: _____ Zip _____

Home Phone: _____ Cell: _____

Do you give permission for text messages? _____ Yes _____ No

Occupation: _____ Place of Employment: _____

Employer Address: _____

Work Phone: _____

Parent Information (2): *If living at a different address.

Name: _____ Email: _____

*Address: _____

Home Phone: _____ Cell: _____

Do you give permission for text messages? _____ Yes _____ No

Occupation: _____ Place of Employment: _____

Employer Address: _____

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

If not, are you interested in someone from membership to contact you? ___ Yes ___ No

Please list name(s) and ages of all siblings:

As per DCFS regulations, we must have 2 emergency contacts on file. Please list 2 emergency contacts below that have permission to pick up your child if neither parent nor 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 Code: _____
Relationship to child _____

2. Name: _____ Phone: _____
Address: _____
City: _____ Zip Code: _____
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: _____

Court documentation must be provided for custody agreements.

Child's Doctor: _____ Phone: _____
Address: _____ City: _____ Zip: _____

Does your child have any health concerns or allergies that we need to be made aware of?

Has your child attended preschool in the past? ___ Yes ___ No

Did your child attend CBS Preschool? ___ 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:

Is there anything else you'd like to share about your child?

How did you learn about our Preschool Program?

Congregation Beth Shalom Preschool
Consent and Acknowledgment Form
2024-2025

Last Name: _____ First Name: _____ Date of Birth: _____

Class Roster I hereby give permission to 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 _____

Last Name _____ Child's First Name _____ Date of Birth _____

Families must remain current with their tuition payments 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 make 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 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: _____

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 _____