

**JACOB'S LADDER
EARLY MORNING & LATE CLUB CONTRACT
2018-2019**

FOR OFFICE USE ONLY	
DATE REC'D	_____
CLASS	_____
TUITION	_____
DEPOSIT	_____
PROCESSED	_____

* TEMPLE MEMBERS RECEIVE A 10% DISCOUNT ON TUITION*

Advance registration and deposit are required to ensure enrollment. All classes are subject to minimum enrollment and Jacob's Ladder reserves the right to cancel any class due to insufficient enrollment in which case you will receive a complete refund.

PLEASE RETURN COMPLETED FORM

I wish to register my child _____ for the following session (circle one) EARLY MORNING CLUB, LATE AFTERNOON CLUB to meet on _____ day(s) at _____ (time). This application is accompanied by a \$500.00 **non-refundable deposit** and the remaining tuition is to be paid in three (3) installments on the following dates: Aug. 6, Nov. 5 and Feb. 4. **Tuition must be paid in full by Feb. 5, 2019. A fee of \$15.00 per month will be charged for all payments received 30 days after the billing date.**

_____ Parent's Signature

Please make check payable to: **CENTRAL SYNAGOGUE - BETH EMETH.**
(Master Card and Visa are also accepted.)

SCHOOL YEAR _____ NEW APPLICANT _____ RE-REGISTRANT _____

NAME _____ DATE OF BIRTH _____
Last First Middle

ADDRESS _____ PHONE _____
Street Town Zip Code

PARENT #1 NAME _____

OCCUPATION _____

BUSINESS ADDRESS _____ PHONE _____

PARENT #2 NAME _____

OCCUPATION _____

BUSINESS ADDRESS _____ PHONE _____

EMERGENCY PHONE _____ NAME & RELATION _____

ARE YOU A MEMBER OF CENTRAL SYNAGOGUE - BETH EMETH _____ OTHER TEMPLE _____

Mail form with check payable to:
Central Synagogue - Beth Emeth, 430 DeMott Avenue, Rockville Centre, N. Y. 11570

It is understood that there will be NO refund of tuition for absences, school holidays, vacations or closings.

**PAYMENT METHOD
DEPOSIT DUE AT REGISTRATION**

Check Payable To Central Synagogue - Beth Emeth

Visa

MasterCard

Discover

Cardholder name _____

Cardholder billing address _____

Card # _____ Exp. Date _____ Security Code _____

Charge this card on August 8, 2019 November 4, 2019 and February 4, 2020

Charge this card monthly

Charge this card for the full payment

I, _____ authorize Central Synagogue - Beth Emeth to charge my credit card above for the agreed amount.

**Mail form with payment to:
Central Synagogue - Beth Emeth, 430 DeMott Avenue, Rockville Centre, N. Y. 11570**

**EARLY MORNING CLUB SCHEDULE
RATES EFFECTIVE SEPTEMBER 2019 - JUNE 2020**

7:45 AM - 9:00 AM

7:45 AM - 9:15 AM

<u>Days Preferred</u>	<u>Fee</u>
1 Day _____	\$630
2 Days _____	\$1195
3 Days _____	\$1710
4 Days _____	\$2165
5 Days _____	\$2575

<u>Days Preferred</u>	<u>Fee</u>
1 Day _____	\$750
2 Days _____	\$1425
3 Days _____	\$2040
4 Days _____	\$2595
5 Days _____	\$3090

Days per week _____

Days per week _____

TOTAL COST \$ _____

TOTAL COST \$ _____

15 Minute or ½ hour intervals will be prorated
Breakfast cereal will be served

Does your child receive special services? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____
--

My days and hours are:

	Arrival Time
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____

**LATE AFTERNOON PICK UP SCHEDULE
 RATES EFFECTIVE SEPTEMBER 2019 - JUNE 2020
 RATES ARE BASED ON MONDAY - FRIDAY**

2:00 PM - 3:00 PM
 OR
 2:15 PM - 3:15 PM
 \$1670

2:00 PM - 5:00 PM
 OR
 2:15 PM - 5:15 PM
 \$4920

2:00 PM - 4:00 PM
 OR
 2:15 PM - 4:15 PM
 \$3340

PLEASE NOTE: THE BUILDING CLOSSES AT 3:00 PM ON FRIDAYS

Call for rates other than Monday - Friday.

Does your child receive special services? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____
--

My days and hours are:

	Start Time	Pick Up Time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____