



**JACOB'S LADDER PRESCHOOL**  
430 DeMott Avenue  
Rockville Centre, NY 11570  
TEL : (516) 763-0235  
FAX : (516) 608-2366

For Office Use Only:	
Date Received	_____
Class	_____
Tuition	_____
Deposit	_____
Processed	_____

## JACOB'S LADDER REGISTRATION FORM: 2024 – 2025 SCHOOL YEAR

**\*\*Temple Members receive a 10% tuition discount\*\***

**\*\*Siblings receive a 10% tuition discount\*\***

Advance registration and a non-refundable deposit of \$900 are required to secure enrollment. Class sizes are limited. Jacob's Ladder reserves the right to cancel any class due to insufficient enrollment, in which case deposits will be refunded.

Please include your non-refundable deposit with this registration form and return it to the school. Tuition is due the 5<sup>th</sup> of the month from August through April and must be paid in full by April 15 of the school year.

Please enroll my child in the following class: Playmates \_\_\_\_\_ 3 Year Olds \_\_\_\_\_ Pre-K \_\_\_\_\_

Days: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ Time: \_\_\_\_\_

Please check: New Student \_\_\_\_\_ Current Student \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street Town Zip

Parent/Guardian #1: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Please provide an emergency contact if we can't reach you: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*I understand and agree to the following: A non-refundable deposit is required to secure my child's spot in a class. Tuition is due monthly and must be paid in full by April 15 of the school year. There is no refund of tuition for absences due to illness (including COVID-19 related closures or a personal decision to quarantine), personal vacations, and closures due to inclement weather, power outages or other events beyond the school's control.*

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

Please turn over 

**PAYMENT OPTIONS**

Are you a Temple Member? Yes \_\_\_ No \_\_\_      Are you enrolling two or more children? Yes \_\_\_ No \_\_\_

**DEPOSIT:** A deposit is due at registration to secure your child's spot in a class.

Please check the payment method for your deposit:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ (see below)

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**SCHOOL YEAR TUITION:** Tuition is due on a monthly basis for a 10-month period from August through April. All tuition must be paid in full before April 15 of the school year.

Please check the payment method for your school year tuition:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ (see below)

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CREDIT CARD INFORMATION:

**Please note a 3% processing fee will be added to all credit card payments**

Cardholder Name: \_\_\_\_\_

Cardholder Billing Zip Code: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV \_\_\_\_\_

I, \_\_\_\_\_, authorize Central Synagogue-Beth Emeth to charge the above credit card for Jacob's Ladder tuition.

\_\_\_\_\_ Charge this card for the deposit only

\_\_\_\_\_ Charge this card monthly

\_\_\_\_\_ Charge this card for the full tuition now

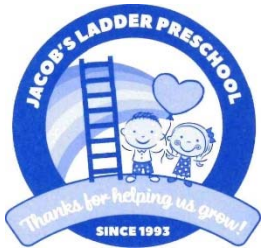
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***PLEASE MAKE CHECKS PAYABLE TO:***

**CENTRAL SYNAGOGUE - BETH EMETH or CSBE**

Please mail this form with payment to:  
Central Synagogue – Beth Emeth  
430 DeMott Avenue, Rockville Centre, NY 11570



## **CELEBRATING 30 YEARS OF EXCELLENCE IN EARLY EDUCATION**

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### **JACOB'S LADDER PRESCHOOL- TUITION POLICIES AND GUIDELINES**

- Registration forms must be accompanied by a non-refundable deposit check of \$900 to secure your child's spot in a class. This amount will be applied to total tuition provided your child remains enrolled for the entire school year.
- Tuition is due in 10 monthly installments. The first installment, due August 1, 2024, will cover two monthly payments; thereafter each installment will cover one monthly payment.
- All tuition is due in full by April 15, 2025.
- An email reminder will be sent each month prior to the next due date.
- Monthly account statements will go home in your child's backpack to those families who have a balance due for the school year. You will not receive a statement if your balance is paid in full. You can call the office at any time to obtain a copy of your statement.
- Families may pre-pay all or part of their remaining tuition at any time.
- Families must be in "Good Standing" at the end of the school year in order to maintain their child's place in the class they have selected for the following school year. "Good Standing" means a family is up to date on tuition payments for the current school year and has satisfied all outstanding tuition charges incurred during any prior school year.
- Jacob's Ladder reserves the right to cancel any enrollment of any child for non-payment of tuition at any time of the year.
- Any mid-year changes to your child's schedule will be effective the first day of the following month and will change the amount of your monthly payment. You will be notified of your new monthly amount once the change is approved.

**PLEASE SEE NEXT PAGE FOR PAYMENT OPTIONS**





## PAYMENT OPTIONS

### JACOB'S LADDER PRESCHOOL- TUITION POLICIES AND GUIDELINES

Tuition can be paid by:

- A personal check, a bank check or Flex Spending Account check-

**ALL CHECKS SHOULD BE MADE PAYABLE TO:  
CENTRAL SYNAGOGUE – BETH EMETH or “CSBE”**

- Cash- Please bring cash payments to the office to obtain a receipt.
- Credit Card- All credit card payments will include a 3% fee to cover processing costs. *NOTE: If your enrollment paperwork indicates you have elected credit card payments and you have provided your credit card information, your monthly payment will automatically be processed for you.*

You can also process your own credit card payment. You will need a log-in link to access your account for the first time which the office can email to you upon your request.

- ACH/eCheck- You can set up this payment method through your ShulCloud account by providing your bank routing and account numbers. There is no fee to use this service. You will need a log-in link to access your account for the first time which the office can email to you upon your request.

Please contact the office at (516)763-0235 if you have any questions.