

Temple Beth El Early Childhood Center - Bloomfield Hills, Michigan
APPLICATION FOR ADMISSION
SEPTEMBER 4, 2019 – JUNE 4, 2020



Child's Name		Birth Date	Age (at start of school)	Gender
Address		City		
State	Zip	Other children in family (names & ages)		Home Phone
Parent name 1 (Please list primary school contact as Parent 1)		Parent name 2		
Primary Cell 1		Cell 2		
Email 1		Email 2		
Previous Preschool experience? If so, where?		Intended Elementary School?		
Does your child have any challenges, allergies or information we should be aware of? (please describe)				
Are you a TBE member? Y N Are you a member of another congregation? Y N Which? _____				
Where did you hear about our program? _____				

Terms of Enrollment

1. Tuition must be paid in full by the first day of school unless you have elected to submit a Tuition Payment Schedule Application or other arrangements have been made with the Temple's Executive Director. Enrollment is subject to cancellation if tuition obligations are not met. New applications for Camp, the following school year, and Fun Days will not be accepted until unpaid balances have been paid.
2. A \$200 non-refundable deposit must accompany this application. (Deposit will be applied toward tuition.)
3. A 10% sibling discount will be applied when multiple members of the same household attend the ECC simultaneously.
4. **There are NO tuition adjustments, refunds or "make-up" days because of absence, illness, family vacations, or withdrawing from the school.** However, a prorated refund will be granted if a family moves out of the local area.
5. If a child is unable to "adjust" to our program (as determined by the ECC team) after the first month of school, arrangements to withdraw the child may be made after appropriate review and consultation with the parents. A prorated tuition adjustment will be refunded.
6. Enrollment is subject to cancellation if the immunization policy is not met or required medical and child information record forms are not submitted by the start of school.

I accept the Enrollment Terms of Temple Beth El Early Childhood Center.

Parent Signature _____

Date _____

Send to Attn: Susie Weiner, ECC Director

Temple Beth El Early Childhood Center

sweiner@tbeonline.org

7400 Telegraph, Bloomfield Hills, MI 48301

Phone: 248-865-0611

Fax: 248-851-1187

Website: www.tbeonline.org

Temple Beth El Early Childhood Center Communications Opt Out Form

Please choose and initial ONE of these choices.

_____ I hereby grant permission for the use of my child's name, photograph and/or video in the media (ex: brochures, newspaper, website and video). I release TBE Early Childhood Center, its employees and agents from any and all claims which might arise in connection with the use of said photograph and/or name as described above.

_____ I hereby grant permission for the use of my child's photograph and/or video in the media (ex: brochures, newspaper, website and video) (NO NAME). I release TBE Early Childhood Center, its employees and agents from any and all claims which might arise in connection with the use of said photograph as described above (NO NAMES).

_____ No, please do NOT release photographs or videos or my child's name to the media.

Parent Signature

Date

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed. ☐ This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. ☐ The notebook will be available to parents for review during regular business hours. ☐ Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by Temple Beth El Early Childhood Center

Child's name

Parent Name

Parent Signature

Date

BCAL-5053 (12-15)

INTEGRATED PEST MANAGEMENT PROGRAM FORM

I, _____ understand that Temple Beth El Early Childhood Center at certain times of the year needs to eliminate unwanted pests from its building and grounds.

Rose Pest Solutions provides environmentally and people friendly solutions to pest management. Rose Pest Solutions has an Integrated Pest Management Program that reduces the use of pesticides, uses the least-toxic approach and promotes safer, greener pest management solutions.

For more information on Rose's Integrated Pest Management Program (IPM), please go to their website at www.rosepestsolutions.com.



Temple Beth El Early Childhood Center 2019-2020 Billing information (please type or print clearly)

Parent Name

Address

City

State

Zip

Child's Name

Date of Birth

Other children in family

Name

DOB

Name

DOB

Name

DOB

Are you a TBE member? Y N

Tuition (circle appropriate rates) *No refunds*

Families joining Temple Beth El on / before November 1st are entitled to the membership rate for the entire 2019-2020 school year. Families joining Temple Beth El after November 1st will be given a pro-rated member fee for the rest of the 2019-2020 school year.

Please circle the days you would like to enroll

5 Day Program

4 Day Program

3 Day Program

2 Day Program

Rate

Member / Guest

9 am—12:30 pm

M - F

M T W TH F

M T W TH F

M T W TH F

\$5050 / \$6050

\$4480 / \$5300

\$3850 / \$4700

\$3100 / \$3850

****Please note that the Temple Beth El Early Childhood Center offers care from 7am—6pm. If you are planning on enrichments or using our extended day care, hours will be available, but you must turn in the enrichment and aftercare forms to enroll. Applications for 7-9 am, 12:30—3 pm, and 3-6pm will be available by the semester beginning in the Summer of 2019 for the Fall of 2019. Please note that notes written on this application will not enroll your child in extended hours. Thank you.**

For office use / billing only.

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