



A warm introduction to the joyous traditions of Judaism and life.

Enrollment Package –2019-2020

- ☺ Safe & Supportive Environment ☺ Nurturing & Dedicated Staff
- ☺ Friendships & Sharing ☺ Music, Movement, Art, Cooking, Science & more.

Come visit our preschool and experience our joyful classroom.

NOW ENROLLING

For more information please call
Jeannette Sinasohn – Preschool director
(770) 410-9000 or email preschool@chabadnf.org

A division of Chabad of North Fulton

TorahTots Preschool
10180 Jones Bridge ☞ Alpharetta, Georgia 30022
770-410-9000 ☞ www.TorahTots.org

Facts and information

Mission Statement

The TorahTots Preschool is a place where young Jewish children receive an exciting, creative, and nurturing learning experience that will provide them with the foundation to grow educationally, socially, and spiritually. We offer small classes with excellent student/teacher ratios, a professional staff, and a modern facility. If you are looking for a remarkable Jewish Preschool experience for your child, we invite you to enroll in TorahTots.

Philosophy

TorahTots welcomes every Jewish child regardless of background or affiliation. Our goal is to make learning interesting, exciting, and stimulating, through a hands-on approach. Our children receive a well rounded, enriching education, filled with Torah and tradition, intertwined with a wide array of academic subjects, personal development, socialization and learning skills.

Staff

Our staff is hand picked not only for its experience and credentials, but most of all for warmth and caring. Our teachers delight in the children, care for their individual needs, and work tirelessly to provide your child with the greatest gift of all, a love for learning.

Atmosphere

Our classes are held in a warm, nurturing environment which fosters learning and creative expression. Weekly Shabbat and holiday celebrations, visits from the Rabbi, close parent-teacher communications, and social activities, provide a climate of parents and teachers working together through commitment, caring, and co-operation.



2019-2020 ENROLLMENT FORM

APPLICATION DATE: ___/___/_____

STUDENT'S LAST NAME: _____

FIRST NAME: _____ NICKNAME: _____

MIDDLE NAME: _____ HEBREW NAME: _____

DATE OF BIRTH: _____ SEX M F

HOME ADDRESS: _____ CITY/ZIP _____

SUBDIVISION: _____ HOME PHONE: : _____

FAMILY INFORMATION

Parents are: Married Separated Divorced Other _____

Student living with:

Both parents Mother Father

Child's legal guardian _____

Other: Please specify by listing the exact name and relationship to child:

FATHER

First Name: _____

Last Name _____

Employer Name: _____

Employer Address: _____

Work # _____

Cell #: _____

Email: _____

MOTHER

First Name: _____

Last Name _____

Employer Name: _____

Employer Address: _____

Work # _____

Cell #: _____

Email: _____

SYNAGOGUE AFFILIATION

Name of synagogue _____ Name of Rabbi _____

Are the child's natural parents Jewish by birth? Yes No

Have there been any conversions or adoptions in your family? Yes No

Explain: _____

Languages spoken at home _____

Siblings:

Name _____ age _____ school _____

Name _____ age _____ school _____

Name _____ age _____ school _____

ENTRANCE DATE ___/___/_____ WITHDRAWAL DATE ___/___/_____



MEDICAL & EMERGENCY INFORMATION

Family doctor's name _____ Phone: _____

Address _____

Insurance company _____ group # _____ Policy # _____

Please describe any health or other special situations of which TorahTots should be aware and which would require special procedures to be followed concerning this child such as physical or mental conditions, existing or pre-existing illness, operations or hospitalizations, or any dietary restrictions. Please indicate "none known" if applicable.

My child is currently on medication(s) for long-term continuous use _____
Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given.
Medicine will be in the original container with my child's name marked on it.

List all known allergies. Indicate "none known" if applicable (If yes, please describe and contact the office to obtain a Care Plan Form) . _____

Please provide TorahTots with an immunization report (Form 3227). Form included

EMERGENCY ALTERNATE CONTACTS

Other persons who TorahTots is authorized to contact for guidance in an emergency, such as a medical or other emergency, when this child's parents are unavailable.

1. Name: _____ phone _____ relationship _____

2. Name: _____ phone _____ relationship _____

If an emergency arises (g-d forbid), and none of the people mentioned above can be contacted, I hereby give the TorahTots preschool permission to take whatever measure it feels proper and necessary considering the circumstances.

Signature: _____ date: _____

OTHER INFORMATION

Other persons to whom TorahTots is authorized to release my child/children. Under no circumstances will TorahTots release children to anyone other than custodial parents who are not listed below or known to TorahTots staff. Additions or changes to this list shall be signed and dated by the parents and attached to the child's file.

1. Name: _____ phone _____ relationship _____

2. Name: _____ phone _____ relationship _____



TUITION CONTRACT 2019-2020

Family Name: _____ Child _____

1. PROGRAM

I/We are enrolling our child in the following program for the school year beginning August, 2019:

Preschool hours are Monday through Friday, 9:30am – 1:30pm

(Children must be the appropriate age for each class by September 1, 2019)

- | | |
|--|--|
| <input type="checkbox"/> 2 Year Old | <input type="checkbox"/> 3 Year Old |
| <input type="checkbox"/> 2 Day (M/W) \$300 | <input type="checkbox"/> 2 Day (M/W) \$300 |
| <input type="checkbox"/> 3 Day (M/W/F) \$400 | <input type="checkbox"/> 3 Day (M/W/F) \$400 |
| <input type="checkbox"/> 4 Day (M/W/T/F) \$475 | <input type="checkbox"/> 4 Day (M/W/T/F) \$475 |
| <input type="checkbox"/> 5 Day (M-F) \$550 | <input type="checkbox"/> 5 Day (M-F) \$550 |

2. FEES

Tuition for the selected program _____

Registration Fee:(Non-Refundable) \$50.00

TOTAL: \$ _____

2. TUITION PAYMENT PLAN: A B C

- A. Pay in full by July 1, 2019
5% discount on tuition only if paid by May 1
- B. Monthly Checks:
Ten post-dated checks August 1, 2019 through May 1, 2020
- C. Monthly Credit Card Payment:
Must be arranged with school office prior to entering school.

I/We understand that TorahTots Preschool reserves the right to refuse admission to any child at any time in the event that tuition is not paid as agreed.

Parent Signature	Date	Parent Signature	Date
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Accepted by:

Preschool Administrator	Date
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ENROLLMENT POLICIES - 2019-2020

1. REGISTRATION FEE (NON-REFUNDABLE):

There is a non-refundable fee of fifty dollars (\$50) due at the time of application for each student. This fee is in addition to tuition, is per school year and is not prorated. It covers registration, insurance, and all administrative expenses.

2. DEPOSIT (NON-REFUNDABLE):

The first month tuition is due no later than 45 days after registration is accepted. This is a non-refundable deposit which will be applied to your tuition payments.

3. ENROLLMENT AGES

Children must be the appropriate age by 9/1/19)
Children entering the 3's class need to be toilet trained.

4. TUITION PAYMENT:

The parent agrees to pay the monthly tuition fee in advance, on or before the first day of each month.

5. PAYMENT OPTIONS:

There are several payment options

- Payment in Full by July 1, 2019: 5% discount on tuition.
- Monthly: Ten postdated checks dated 8/1/19 - 5/1/20
- Monthly: Credit card payments billed on the 25th of month.

6. LATE CHARGES:

All fees and payments are considered late after 6:30pm on the fifth day of the month. A late charge of Thirty Dollars (\$30.00) will be added to the charges due for that month. If an account becomes delinquent (past the fifteenth of the month without full monthly payment) there may be an additional monthly service charge of five percent (5%) of the balance added automatically. In addition, TorahTots may at its discretion dismiss the child and the parent shall remain responsible for the balance due and any expenses incurred by TorahTots in pursuit of payment.

7. BANK CHARGES/RETURNED CHECK FEE:

Parents will be charged \$25 for the first returned check occurrence, and \$35 for each additional occurrence.

8. SCHOLARSHIPS/DISCOUNTS:

There are currently no Scholarship programs available. Should funding become available parents will be notified.

9. ABSENCES AND VACATIONS:

Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days as "make-up" days.

10. WITHDRAWAL:

The obligation for full payment of tuition fees will continue unless the parents submit a written and signed notification of early termination at least one month in advance of such withdrawal. If the parent fails to provide written notice, the parents remain responsible for the full tuition for the next one (1) calendar month following the child's last day of attendance. Plus any late charges and/or penalties which shall accrue until payment is received.

11. RE-ENROLMENT FOLLOWING SUSPENSION/WITHDRAWAL:

If any situation occurs during which the child is temporarily withdrawn from TorahTots and the parents temporarily suspended regular payment of tuition, the enrollment will be terminated. Re-enrollment will be based on availability.

12. LATE PICK UP:

A late fee of One Dollar (\$1.00) per minute, per child, after pick up time that the child is left on the premises will be charged to the account and be payable in the next month.

13. PERMISSIONS:

We hereby grant permission for my/our child and TotahTots to:

- A. Take part in all programs and activities, including the use of indoor and out door equipment.
- B. Leave the premises of TorahTots to take part in planned educational and recreational field trips or activities supervised by the staff of TorahTots, provided that such field trips or activities will be separately announced in writing at least one day in advance, which I/we will be asked to sign and authorize.

14. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

15. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

16. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

17. The Torah Tots Preschool agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

18. I give my full consent to the faculty of The Torah Tots Preschool to take short walks outside of the preschool facility at any time they deem appropriate.

19. REQUIRED FORMS:

All application forms, and payments must be submitted before a student will be admitted to any class. REGISTRATION IS COMPLETE ONLY WHEN ALL FORMS, AND ALL CHECKS, INCLUDING POST DATED CHECKS, OR CREDIT CARD NUMBERS, ARE SUBMITTED.

20. PARENT HANDBOOK:

A Parent Handbook will be given to you following your child's enrollment in our preschool. You will be asked to sign an agreement stating you have read the Handbook and agree to follow all of our regulations and policies.

21. I GIVE PERMISSION FOR OUR NAME AND TELEPHONE NUMBER TO BE PLACED ON A CLASS LIST FOR RELEASE TO OTHER PARENTS ____ YES
____ NO

We have reviewed each the provisions of this Enrolment Policy and hereby agree to comply with all provisions hereof.

Parent Signature

Date

Parent Signature

Date

Accepted by:

Preschool Administrator

Date



PHOTOGRAPHY and VIDEOTAPING

Last Name: _____ Child _____

I give permission for my child's photograph or video to be used in:

- Yes No Closed Preschool Facebook Group
- Yes No Open Chabad Facebook Page
- Yes No Preschool Marketing Materials

Parent Signature

Date

Parent Signature

Date