

THE FOREST HILLS JEWISH CENTER NURSERY SCHOOL & PRE-K FOR ALL

Lynn Fisher
Director of Early Childhood Education

lynn.fisher@fhjc.org
(718) 263-7000 Ext. 220

2020-2021 PRE –K WRAP AROUND, EARLY MORNING, AND EXTENDED DAY PROGRAM CONTRACT

Here are the options to enroll your child in the Judaic Wrap-Around Program and the Early Morning and Extended Day options available. These programs will take place Monday –Friday during the school year between September 2020 – June 2021 when school is open, unless otherwise noted on the calendar.

Child's Name _____ Hebrew Name _____
Last First

Child's DOB: _____

Parent #1 _____ Cell # _____
Last First MI Hebrew Name

Parent #2 _____ Cell # _____
Last First MI Hebrew Name

Email Addresses _____
Parent #1 Parent #2

Home Address _____ NY _____
Number/Street Apt# City Zip Home Phone #

Parent #1 Occupation _____ Company Name/Phone # _____

Parent #2 Occupation _____ Company Name/Phone # _____

Program

(Please Check All that Apply)

<u>Program</u>	<u>Time</u>	<u>Fee</u>	
<input type="checkbox"/> Wrap Around	8:20 AM – 9:20 AM 8:00 AM – 8:25AM	\$1,000	Monday – Thursday only Friday
<input type="checkbox"/> Early Morning Drop Off (only available to children enrolled in wrap around)	7:45 AM- 8:20 AM	\$900	Monday – Thursday only
<input type="checkbox"/> Extended Day Program	3:40 PM - 6 PM	\$3,572	Monday – Thursday only

Discounts

FHJC Member Discount

3% (on Wrap-Around tuition only) Discount: \$ _____

**FULL PAYMENT INFORMATION
REQUIRED AT TIME OF
REGISTRATION**

Tuition: \$ _____

Early Drop: \$ _____

Extended Day: \$ _____

Subtotal: \$ _____

Discount: \$ _____

Total to be paid \$ _____

PAYMENT OPTIONS

I/we agree to pay the aforementioned balance due in the following manner:

One payment on August 14, 2020

Two equal payments to be made on June 15, 2020 and November 15, 2020.

Two post-dated checks, OR two payments on your credit card, must be submitted with this contract

Nine equal monthly payments (June 15, 2020 through February 15, 2021). 2% Surcharge will be added.

Nine post-dated checks, OR nine payments on your credit card, must be submitted with this contract

* For enrollment after June 15, all payments scheduled prior to date of enrollment must be made at the time of enrollment.

I/We, the undersigned, hereby enroll our child in the Forest Hills Jewish Center Pre-K Wrap Around program, Early morning drop off and/or extended day program for the school year beginning September 2020 and ending June 2021, pursuant to the terms and conditions specified in the Parent Guide and the following additional terms and conditions:

1. In the event of a medical emergency, it is agreed that if the undersigned cannot be reached by telephone, permission and consent are given to the school to obtain proper emergency medical treatment for the child.
2. The Forest Hills Jewish Center Nursery School reserves the right to terminate this agreement at its discretion when it deems such action to be necessary. In such an event, tuition will be refunded, on a prorated basis.
3. Unless written notice is received with this application, you hereby authorize the Forest Hills Jewish Center Nursery School to display pictures or images of your child in our school and in publicity materials.
4. Class placement is made at the discretion of the directors.

It is expressly understood and agreed by the parties hereto that the privilege of paying installments is extended only as a convenience and does not in any way vary the obligation of the applicant to pay the amount in full. Each installment is automatically due on the date stated. The school hereby makes it known to the applicant that his/her child is being accepted for the entire year and that the fee stated is payment for a place in the program and not for the period of attendance. It is also understood that this installment method payment privilege will be revoked if we fail to comply with the above terms. All balances will then become immediately due.

Parent #1 Signature

Parent #2 Signature

Date

Early Childhood Director

Date

Child's Siblings' Names and Ages:

Name: _____ Age: _____

Name: _____ Age: _____

MasterCard [] Visa [] Discover [] Dated Checks []

Minimum registration is required for all classes

Credit Card #: _____ Sec: _____ Expiration Date: _____

Payment Schedule: _____



Office Use Only

**FULL PAYMENT INFORMATION
REQUIRED AT TIME OF REGISTRATION**