



Temple Chai
Early Childhood Center
Helping our children grow

Temple Chai Early Childhood Center Registration 2017-2018 School Year

Date of Application _____ Start Date _____

Child's Name _____ Date of Birth _____

Age as of 8/31/17 _____ Male _____ Female _____

Child lives with: Both Parents _____ Father _____ Mother _____ Other _____

***Primary Contact of Parent or Legal Guardian** _____

Address _____

City/State/Zip Code _____ Email _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

Employer _____ Occupation _____

***Additional Contact of Parent or Legal Guardian** _____

Address _____

City/State/Zip Code _____ Email _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

Employer _____ Occupation _____

Sibling Names and Birthdates _____

Where do they attend school? _____

Has your child attended school before? _____ Yes _____ No If yes, where: _____

Member of Temple Chai? _____ Yes _____ No Other synagogue affiliation, if any? _____

Temple Chai Early Childhood Center
4645 East Marilyn Road Phoenix, Arizona 85032
Phone 602-923-3619 Fax 602-971-5909

Temple Chai Early Childhood Center 2017

Child's Name _____ Days: ___ M ___ T ___ W ___ TH ___ F
 Hours: ___ 9-1 ___ 9-3:30 ___ 7-6 (M-Th) ___ 7-5 (F)

Non-refundable registration & activity fee: Member: \$275 Non-Member: \$350

Early Bird registration: February 15th- March 3rd \$50 off registration & activity fee

		<u>Member</u>	<u>Member Infants</u>	<u>Non-Member</u>	<u>Non-Member Infants**</u>
5 Day Program (M-F)*	9 am—1pm	<input type="checkbox"/> \$595	<input type="checkbox"/> \$595	<input type="checkbox"/> \$620	<input type="checkbox"/> \$635
	9 am-3:30	<input type="checkbox"/> \$875	<input type="checkbox"/> \$875	<input type="checkbox"/> \$915	<input type="checkbox"/> \$930
	7:00 am-6:00 pm	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1055	<input type="checkbox"/> \$1065
		<u>Member</u>	<u>Member Infants</u>	<u>Non-Member</u>	<u>Non-Member Infants**</u>
3 Day Program (MWF only)*	9 am—1 pm	<input type="checkbox"/> \$515	<input type="checkbox"/> \$515	<input type="checkbox"/> \$545	<input type="checkbox"/> \$555
	9 am—3:30 pm	<input type="checkbox"/> \$725	<input type="checkbox"/> \$725	<input type="checkbox"/> \$770	<input type="checkbox"/> \$780
	7:00 am—6:00pm	<input type="checkbox"/> \$780	<input type="checkbox"/> \$780	<input type="checkbox"/> \$820	<input type="checkbox"/> \$830
		<u>Member</u>	<u>Member Infants</u>	<u>Non-Member</u>	<u>Non-Member Infants**</u>
2 Day Program (TTH only)	9 am—1 pm	<input type="checkbox"/> \$380	<input type="checkbox"/> \$380	<input type="checkbox"/> \$410	<input type="checkbox"/> \$420
	9 am—3:30 pm	<input type="checkbox"/> \$415	<input type="checkbox"/> \$415	<input type="checkbox"/> \$460	<input type="checkbox"/> \$470
	7:00 am—6:00 pm	<input type="checkbox"/> \$585	<input type="checkbox"/> \$585	<input type="checkbox"/> \$625	<input type="checkbox"/> \$635

Extra Hours: \$15/hour AM Care 7-9 am PM Care 3:30-6 pm

Sibling Discount: 5% off of the sibling with lowest monthly billed amount

Please note: 5 Day Program: all students 3 day Program: infants through three's 2 day Program: infants through two's

*Closes at 5 pm on Fridays

**Non-Member Infants are 6 weeks through Walking

The Temple Chai ECC Scholarship Fund provides scholarships to families in need. Please consider donating to our scholarship fund.

Yes! I would like to help a family in need with scholarship funds.

Please add the following donation to my account.

One-time donation: \$18 \$36 \$72 \$90 \$180 Other

Monthly donation added to my tuition: \$5 \$10 \$18 Other

Registration form must be accompanied by the Non-Refundable Registration and Activity Fee. These fees are non-refundable and non-transferable. All fees and balances must be current before registration can be accepted for the new school year. Fees are not pro-rated for any reason. Tuition is a 10-month commitment based on 10 equal payments (July-April). I understand that I am responsible for a 4-week written notice and payment for that 4-week period in the event that (a) my child will not begin preschool on the agreed upon date or (b) I withdraw my child. I understand that all tuition payments must be set up on an automatic payment system (credit card, debit card, or ACH). Please note that there will be a 3% service charge added for all credit card payments.

Parent Signature _____ Date _____