



Dix Hills Jewish Center
Early Childhood Academy
 555 Vanderbilt Parkway ♦ Dix Hills, NY 11746 ♦ (631) 499-6655
www.dhjc.org ♦ dhjcnurseryschool@gmail.com
Tova Plaut, Director

Enrollment Application and Contract 2017 - 2018

Child's Name _____ Birthdate _____
Last First

Address _____

Town _____ State _____ Zip _____

Gender _____ Home Phone: () _____ - _____ School District: _____

Parent Name: _____ Email: _____ @ _____ Cell: () _____ - _____

Parent Name: _____ Email: _____ @ _____ Cell: () _____ - _____

Sibling Names/DOB 1. _____ 2. _____
 3. _____ 4. _____

In Case of Emergency

- 1) Parent Name _____ Email _____
 Home # _____ Cell # _____ Work # _____
- 2) Parent Name _____ Email _____
 Home # _____ Cell # _____ Work # _____
- 3) Other _____ Relationship _____ Work # _____
 Home # _____ Cell # _____
- 4) Other _____ Relationship _____ Work # _____
 Home # _____ Cell# _____
- 5) Physician _____ Phone # _____

Allergies _____

I hereby authorize a representative of the Dix Hills Jewish Center to obtain emergency medical treatment for my child.

_____/_____/_____
Signature of parent/guardian Date

**With your enrollment in the Early Childhood Academy you will now receive a
 COMPLIMENTARY Synagogue Membership to the Dix Hills Jewish Center.
 (Restrictions may apply, please see the Registration Policy for details)**

Toddler Program (check box on left) 9:15 am – 12:30 pm

<input checked="" type="checkbox"/> (check choice)	Program Code		Early Bird (register before 5/1/17)	2017/2018 (register after 5/1/17)
	2a	Tues, Thurs	\$3,400	\$3995
	2b	Mon, Wed, Fri	\$4,500	\$5,125
	2c	Monday, Tuesday, Wednesday, Friday	\$5,500	\$6,150
	2d	Monday, Wednesday, Thursday, Friday	\$5,500	\$6,150
	2e	Monday - Friday	\$6,300	\$6,970
	2f	Monday - Friday (8 am - 5 pm) <i>pending enrollment</i>	\$12,000	\$12,300

Nursery Program (check box on left) 9:15 am – 2:15 pm

<input checked="" type="checkbox"/> (check choice)	Program Code		Early Bird (register before 5/1/17)	2017/2018 (register after 5/1/17)
	3a	Monday, Wednesday, Friday	\$5,800	\$5,945
	3b	Monday, Tuesday, Wednesday, Friday	\$7,000	\$7,175
	3c	Monday, Wednesday, Thursday, Friday	\$7,000	\$7,175
	3d	Monday - Friday	\$8,000	\$8,200
	3e	Monday - Friday (8 am - 5 pm) <i>pending enrollment</i>	\$12,000	\$12,300

Pre-K Program (check box on left) 9:15 am – 2:15 pm

<input checked="" type="checkbox"/> (check choice)	Program Code		Early Bird (register before 5/1/17)	2017/2018 (register after 5/1/17)
	4a	Monday – Friday*	\$7,500	\$7,689
	4b	Monday - Friday (8 am - 5 pm)* <i>pending enrollment</i>	\$12,000	\$12,300

* includes FREE Religious School Tuition for the 18-19 School Year

Half Day Pre K (check box on left) then circle am or pm session

<input checked="" type="checkbox"/> (check choice)	Program Code	Half Day Enrichment Pre-K program for students who attend district half day UPK program	Early Bird (register before 5/1/17)	2017/2018 (register after 5/1/17)
	UPK	Monday – Friday (please circle AM or PM)	\$5,000	\$5,250

Please Note: Early Bird Special will NOT be applied if there are any changes to registration after 5/1/17 (Regular tuition will be charged).

(office use only)	
Program Code _____	Price _____
10% Tuition Deposit (non-refundable)	Dep Amt _____
+ Registration Fee (non-refundable)	Reg Fee: <u>+\$50</u>
TOTAL Amount Due at Registration	Due@Reg: _____
The following discounts will come off your last tuition payments:	
Sibling Discount 5% (if applicable)	- _____
DHJC Member Discount (if applicable)	- _____

Registration Policy

Early Childhood Academy enrollment includes an **ECA Synagogue Membership** to the Dix Hills Jewish Center. An ECA membership is valid for families whose oldest child is younger than grade three. For those families with children in grade three and above they will be required to maintain their current DHJC synagogue membership but will receive a 10% discount on their ECA tuition. This discount is only valid for families that are enrolled at a full DHJC member rate, for any families receiving any sort of reduced rate this offer will not apply. For families with children in Pre-K this full member tuition discount is only available if your child is enrolled in our program five FULL days.

Upon registration a **10% non-refundable deposit** is required in addition to a **non-refundable \$50 registration fee**. The second 10% tuition installment is due by August 1, 2017. The remaining eight tuition installments must be paid by October 1, November 1, December 1, January 1, February 1, March 1, April 1 and May 1. If you elect to pay in installments you may provide a credit card which will be charged on the 1st of the month. If you choose to pay by check/cash you must provide a valid credit card to maintain on file. In the event that we have not received your payment by the 10th of the month we reserve the right to charge the card you have provided. There are no refunds for absences, school closings or snow days. We do not grant make-ups for missed days of school.

If a child is withdrawn or dismissed from a program, the tuition must be paid in full for that month. The registration fee and deposit is non-refundable. If the tuition has been prepaid for the entire school year the tuition will be prorated from the next month forward.

Photography Policy

The Dix Hills Jewish Center and Early Childhood Academy will photograph and video tape students for use in slideshows, advertisements, newsletters and media. By signing below, you are authorizing and granting permission to the Dix Hills Jewish Center and the Early Childhood Academy to take photographs, video and digital images of your child and grant permission for these photographs to be posted in the school, and published and/or distributed in newsletters, advertisements, media, slide shows and other outlets for the purpose of communication, marketing and public relations.

(If you wish to opt out you must provide a letter in writing specifying your choice to opt out *before* your child begins school.)

I have read, understand and agree to the terms of the Registration Policy and Photography Policy.

_____/_____/_____
Signature of Parent/Guardian **Date**

Early Childhood Academy Credit Card Authorization

Name on Credit Card: _____

Billing Address of Credit Card: _____

Phone # () _____ - _____ **Cell # ()** _____ - _____

Email of Cardholder (BLOCK LETTERS) _____

Amount to be Charged \$ _____ **Monthly or One Time (circle one) Type of Credit Card** _____

Card # _____ **Exp. Date** _____ **Security Code** _____

_____/_____/_____
Cardholder's Signature **Date**