



THE FOREST HILLS JEWISH CENTER EARLY CHILDHOOD PROGRAM

Lynn Fisher
Director of Early Childhood Education

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

2024-2025 REGISTRATION AND TUITION CONTRACT – 2 YEAR OLDS
For children turning 2 by October 31, 2024. (Child can start school once they turn 2.)

Please check the choice that applies to your family:

- ___(a) The undersigned are the parents (or guardians) of this child, who is Jewish according to Jewish law (i.e., born of a Jewish mother). Should you have any questions pertaining to the religious status of your child because of adoption or conversion, we request that you discuss them with Rabbi Skolnik, the Rabbi of this synagogue.
- ___(b) The undersigned are the parents (or guardians) of this child, whose father is Jewish, but whose mother is not.

Child's Name

Last

First

Hebrew Name

Date of Birth

Parent #1

Last

First

MI

Hebrew Name

Cell #

Parent #2

Last

First

MI

Hebrew Name

Cell #

Email Addresses

Parent #1

Parent #2

Home Address

Number/Street

Apt#

City

Zip

Home Phone #

Parent #1 Occupation

Company Name/Phone #

Parent #2 Occupation

Company Name/Phone #

<u>Program</u> (Please Check One)	<u>Time</u>	<u>Tuition</u>	<u>Early Morning Drop Off</u> (7:45 am- 9:00 am)
<input type="checkbox"/> Three Day Program	9am - 12am	\$9,015**	\$1,650 (Or \$20.00/Day) <input type="checkbox"/> Early Drop
<input type="checkbox"/> Five Day Program	9:00am - 12:00pm	\$12,000**	\$2,730 (Or \$20.00/Day) <input type="checkbox"/> Early Drop
<input type="checkbox"/> Full Day Program	7:45am – 5pm (M – Th) 7:45am – 2pm (Fridays)	\$21,165**	Included

- **Five Day Program** - \$350 per family security assessment.
- **Three Day Program** - \$250 per family security assessment.

****EARLY REGISTRATION** ☐
Register by February 29, 2024 to receive 2023-2024 tuition rates
Half Day \$8,750
Five Day \$11,650
Extended Day \$20,550

Discounts to be subtracted –

FHJC dues paying Member
(one per family) - 3% of Tuition

Refer-A-Friend - \$250
Non-FHJC affiliated only. Must be requested during first year new family enrolls in toddler (2's). Discount goes to referring family, not the new family.

Name of referred family: _____

Registered families - FREE FHJC synagogue membership for the first year (Security fee applies). 50% reduced synagogue dues for 2nd year. Synagogue Membership Registration Form must be completed and returned to the Main Office.

FULL PAYMENT INFORMATION
REQUIRED AT TIME OF
REGISTRATION

Tuition: \$

Early Morning Drop Off: \$

Security Assessment: \$

Enrichment Fee: \$100.00

Subtotal: \$

Total Discount: \$

Total Due: \$

Deposit: \$1,000.00
(NON REFUNDABLE Deposit Payable upon signing contract)

Subtotal: \$

3% Processing Fee: \$
(when paying by credit card)

BALANCE DUE: \$

PAYMENT OPTIONS

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

- ☐ One payment on August 15, 2024 or on date form is submitted if after August 15.
- ☐ Two equal payments to be made on August 15, 2024 or on date form is submitted if after August 15 and November 15, 2024. Two post-dated checks, OR two payments on your credit card, must be submitted with this contract.
- ☐ Eight equal monthly payments (July 15, 2024 through February 15, 2025). Eight post-dated checks, OR eight payments on your credit card, must be submitted with this contract. For enrollment after August 15, all payments scheduled prior to date of enrollment must be made at the time of enrollment.
- ☐ Check here if paying by credit card. All credit card payments are subject to a 3% processing fee.

I/We, the undersigned, hereby enroll our child in the Forest Hills Jewish Center Nursery School, for the school year beginning September 2024 and ending June 2025, pursuant to the terms and conditions specified in the Parent Guide and the following additional terms and conditions:

1. If you withdraw from FHJC prior to July 15, 2024, all but the \$1,000 non-refundable fee will be reimbursed. From July 15, 2024 – August 15, 2024, 3 months tuition including the \$1000 deposit is non refundable. One month’s tuition is calculated as 1/9th of the full tuition. After August 15, 2024 no refunds will be granted and full tuition is due and payable.
2. 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.
3. 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, minus the non-refundable registration fee.
4. 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.
5. Class placement is made at the discretion of the director.
6. If enrollment in any class is not sufficient to open a class, as reasonably determined by the Forest Hills Jewish Center Nursery School, a full refund will be given.

One Reciprocal Friend Request _____

It is expressly understood and agreed by the parties hereto that the privilege of paying tuition installments is extended only as a convenience and does not in any way vary the obligation of the applicant to pay the tuition 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 tuition stated is payment for a place in the school 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. I/we further understand that this contract covers only those items mentioned (i.e. tuition)

Parent #1 Signature

Parent #2 Signature

Date

Please note that pasting a signature or typing in your name on the signature line constitutes a valid signature.

Early Childhood Director

Date

Child’s Siblings’ Names and Ages:

Name: Age:

Name: Age:

Full payment information required at time of registration. Once this contract is completed and returned, you will receive a call to provide your credit card payment information. If you are paying with multiple checks, all post dated checks must be received by the office for the contract to be processed.

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

Minimum registration is required for all classes

Credit Card #: Expiration Date:

(3% processing fee with credit cards payments)

For office use only

Payment Schedule: _____

FULL PAYMENT INFORMATION
REQUIRED AT TIME OF REGISTRATION