



The Rose and George Teller Preschool
of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832 301-593-3410 x. 105
www.gatesofdiscovery.org badler@shaaretefila.org

REGISTRATION FORM 2020-2021

Student Information

1. **Name of Student:** _____

Last
First
Middle

2. **Student Nickname:** _____

3. **Age as of 09/01/20** _____ **Gender:** _____ **Date of Birth:** _____

4. **Family Name:** _____

Street: _____

City: _____ State: _____ Zip: _____

School Program Selection

- | | | |
|---|---|--------------------------------|
| Core Program 2s: (9:00 – 12:30) | <input type="checkbox"/> 3-day Specify: _____ | <input type="checkbox"/> 5-day |
| Core Program 3s or 4s: (9:00 – 2:00) | <input type="checkbox"/> 3-day Specify: _____ | <input type="checkbox"/> 5-day |
| <input type="checkbox"/> 2s naptime (12:30 – 2:00) | ___M ___T ___W ___Th ___F | |
| <input type="checkbox"/> Early Drop off (7:00 – 9:00) | ___M ___T ___W ___Th ___F | |
| <input type="checkbox"/> Afternoon (2:00 – 4:00) | ___M ___T ___W ___Th ___F | |
| <input type="checkbox"/> Late Stay (4:00 – 6:00) | ___M ___T ___W ___Th ___F | |

Student's Family Information

1. Parent(s) or Guardian(s)

Parent or Guardian Name: _____

Telephone (daytime): () _____

Street: _____

Telephone: (evening): () _____

City: _____

Cell phone: () _____

State: _____ Zip: _____

E-mail: _____

Parent or Guardian Name: _____

Telephone (daytime): () _____

Street: _____

Telephone: (evening): () _____

City: _____

Cell phone: () _____

State: _____ Zip: _____

E-mail: _____

2. Other Family Members

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Family Name: _____

Emergency & Medical Information

1. Emergency Information (indicate 2 individuals who may be called in the event a parent cannot be contacted)

Name/Relationship: _____ Telephone: () _____ cell: () _____

Name/Relationship: _____ Telephone: () _____ cell: () _____

2. Physician

Name: _____ Telephone: () _____

3. Dentist

Name: _____ Telephone: () _____

4. Insurance Information

Company: _____ Group No: _____ Policy No: _____

ALLERGIES: (Substances allergic to, reactions, and treatment) _____

In the case of emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at the child care facility to have your child transported to that hospital.

Additional Information

Please indicate below child's strengths and weaknesses (physical, emotional, or intellectual). In addition, please provide any other information that may be pertinent to the education, growth, and development of the student (attach additional sheets if necessary).

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

THIS FORM CAN BE SUBMITTED VIA EMAIL TO badler@shaaretefila.org OR BY MAIL TO:

Gates of Discovery/The Rose and George Teller Preschool of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832

TUITION WORKSHEET 2020-2021

(One Form Per Child)

Family Name: _____

Child's Name: _____

Age on 9/1/20: _____



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301-593-3410 ext. 105 www.gatesofdiscovery.org

SECTION A Core Programs		Program Times	Tuition
2a	9-12:30 Three-Day Program	9:00-12:30	<input type="checkbox"/> \$4,950
2s	9-12:30 Five-Day Program	9:00-12:30	<input type="checkbox"/> \$6,690
3s/4s	9-2 Three-Day Program	9:00-2:00	<input type="checkbox"/> \$6,350
3s/4s	9-2 Five-Day Program	9:00-2:00	<input type="checkbox"/> \$8,870

Tuition
Less: 5% younger sibling discount
Total Section A

If fewer than five days, please specify:
__M __T __W __Th __F

Total Section A
()

SECTION B Additional Programs	Fee for 5 days/week	Monday	Tuesday	Wednesday	Thursday	Friday	Subtotals Section B
Early Drop 7:00 - 9:00	<input type="checkbox"/> \$2,330	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	
2s Naptime 12:30 - 2:00	<input type="checkbox"/> \$2,185	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	
Afternoon 2:00 - 4:00	<input type="checkbox"/> \$2,330	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	
Late Stay 4:00-6:00	<input type="checkbox"/> \$2,330	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	

Total Section B

Total Section A
Add: Total Section B
TOTAL TUITION
Shaare Tefila member discount (15%)
Add: Registration and Material fee
FINAL TUITION
Sunshine Committee Dues
TOTAL BALANCE DUE

TOTALS	
\$	
+	
\$	
-	
+	280.00
\$	
	50.00

FAMILY NAME: _____

Mother: _____ Daytime phone: () _____
Last First

Father: _____ Daytime phone: () _____
Last First

Address: Street: _____
City: _____ State: _____ Zip: _____

PAYMENT TERMS (Please check one): All charges are non-refundable and non-transferable, even in cases where the student does not complete the school year. Days registered cannot be changed. Member rates apply only when Synagogue membership is in good standing. Further school policies can be found in our Parent Handbook on our website.

Payment must be made on one of the following schedules, unless other arrangements are made:

- Full Pay by July 1, 2020
- 10 monthly payments, July 2020-April 2021
- Combine camp 2020 and school 2020-2021 payments into one and pay in 12 payments, July 2020-June 2021

Payments can be processed on the date of your choice. Either. Payments can be made by:

- POST DATED CHECKS - **Must be attached**
- CREDIT CARD PAYMENT - **A 3% convenience fee will be added to all credit card charges.**

Circle: Mastercard/Visa

Credit Card #: _____ Expiration Date: _____

Cardholder's Name: _____ Preferred Processing Day Each Month _____

ALL SECTIONS OF TUITION SHEET MUST BE COMPLETED TO EFFECT REGISTRATION

I UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT. You may also wish to download Maryland's brochure for parents called [A Parent's Guide to Regulated Care](http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/parent_guide), located at http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/parent_guide

Parent/Guardian Signature: _____ Date: _____
