



Phone: 865.963.8001
www.jewishknoxville.org

AJCC Early Childhood Program Application

6800 Deane Hill Drive, Knoxville TN 37919

INFANT CARE 6 weeks - 11 months

2018-2019 Application/Registration Form

One Per Child



Pre-enrollment Procedure:

1. Return this completed application with a non-refundable Application Fee of \$50 per child.
2. The Early Childhood Director will contact you to determine space availability and to set up a pre-enrollment visit. If space is available, you will receive a confirmation from the Early Childhood Program Director.

VISIT DATE _____

Student Information:

First Name _____ **Middle Name** _____ **Last Name** _____ **Preferred Name** _____

Address _____ **Date of birth (mm/dd/yyyy)** _____

City _____ **State** _____ **Zip** _____ **Age (as of August 8, 2018)** _____

Religious Affiliation (AJCC Preschool welcomes children of all faiths) _____

Child Resides With: Both Parents Mother Father Other **PLANNED START DATE: (mm/dd/yyyy)** _____

Custodial Information: Relation to child _____

Other Household Adult: Relation to Child _____

If different from Custodial Information

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Mobile Phone (_____) _____

Mobile Phone (_____) _____

Work/Other Phone (_____) _____

Work/Other Phone (_____) _____

Email _____

Email _____

Employer _____

Employer _____

Currently listed as "active duty" in the U.S. Military.

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Email: All billing will be completed online and requires a valid email address to transmit tuition invoices and statements. The email addresses provided above will be utilized for online billing and early childhood program communications. You attest to having rights to the email addresses and authorize the Knoxville Jewish Alliance, Arnstein Jewish Community Center Early Childhood Program to transmit all necessary emails to these addresses. **All information is confidential. Knoxville Jewish Alliance does not sell or share your contact information with other organizations.**

TERMS AND CONDITIONS:

1. I (We) understand and agree that by completing the registration that I(we) are committing to either 9 months enrollment or 12 months enrollment. Should I(we) cancel this contract before the completion of the services selected, I(we) will incur a withdrawal fee equivalent to one-months tuition due on the withdrawal date.
2. New enrollees require a non-refundable first month's tuition payment with accepted application/registration form.
3. No refunds will be granted if the program needs to close due to inclement weather or other acts of G-d. No adjustments will be made for days missed due to illness. (Breaks and holidays are not included in the Program pricing).
4. I understand that the \$50 application fee is non-refundable and does not guarantee my child a place in the program. If unable to complete enrollment in the current year, future years will require submission of a new application and fee.
5. I understand that by submitting this application/registration, I agree to the terms and conditions of this contract.
6. Once enrolled in the Program, no further application fees (concurrent years) will be charged.

Print Name of Custodial Person

Signature of Custodial Person

Date

The reverse side is to be completed AFTER the pre-enrollment visit

To be completed AFTER pre-enrollment visit:

AJCC EARLY CHILDHOOD PROGRAM 2018-2019 INFANT CARE REGISTRATION

Indicate AJCC Member Status: (rates are based upon status) AJCC Annual Member Non-member

Choose the days per week: Priority is given to 5-day-per-week students. Part-time enrollment based upon availability.

3 days 4 days 5 days Mon Tue Wed Thu Fri

Registration Plan: 5 months (1.08.2019 - 5.23.2019)
 7 months (1.08.2019 - 7.26.2019)

Infant Care (6 weeks - 11 months)	Plan Option (monthly rates):	3 Days	4 Days	5 Days
	<input type="checkbox"/> Infant Care Plan	\$915	\$1070	\$1300

PUBLISHED DISCOUNTS:
AJCC Annual Members receive **5%** discount off Program rates.
Subsequent siblings receive a 5% discount (first child is exempt)

PLAN: Core Program 7:30 a.m. to 6:00 p.m.

Planned AM Drop Off Time _____ AM
Planned PM Pickup Time _____ PM

LATE PICK UP FEE:
All children must be picked up no later than 6 p.m. Mon-Fri.
Your account will be billed **\$10 per minute** for any pickups after 6 p.m. **NO EXCEPTIONS.**

If you were referred to the AJCC Preschool, please provide first and last name of the person who referred you.

CHOOSE PAYMENT PLAN:

5-monthly payments 5 payments
 1 down & 4 monthly Jan - Apr

7-monthly payments 7 payments
 1 down & 5monthly Jan - Jun

Weekly payments \$325 per week

VACATION CREDITS:
Each child will be permitted one week of vacation time throughout this school year. To receive credit, one full week vacation (individual days will not be permitted) must be planned 14 days in advance with ECP Director. Credit will be issued on following month invoice. Failure to notify ECP Director in advance will void vacation time option/credit.

**THE KJA PAYMENT FORM
MUST BE COMPLETED BY EVERYONE**

- Please complete Page 3
- print the form for your records

KNOXVILLE JEWISH ALLIANCE PAYMENT FORM

I (the financially responsible party) hereby authorize the Knoxville Jewish Alliance (KJA)/Arnstein Jewish Community Center (AJCC) to initiate debit entries to the account(s) indicated in Section III below via electronic funds transfer (EFT). I hereby authorize the financial institution(s) holding the account(s) listed below to accept and honor EFT withdrawals by KJA/AJCC.

I understand that invoices for services are emailed to the account listed on the registration form. I understand that I am responsible for reviewing the invoiced fees and if I disagree with the charges, I am required to contact the KJA/AJCC accounting office as soon as possible to settle any disagreement in fees billed.

I further agree that should KJA/AJCC be notified that funds are not available in my financial account (NSF, closed account, etc.) or that a charge to my bankcard is denied, a \$24 fee will be charged by KJA/AJCC. I agree that if funds are not available from the I account I choose as primary, KJA/AJCC is authorized to attempt to secure funds from my secondary account. If no secondary account is provided, KJA/AJCC will re-draft my primary account. I understand that if I choose to discontinue this method of payment, I must notify KJA/AJCC a minimum of 7 days prior to any scheduled debit date.

If payment cannot be processed in a timely fashion, I may have services suspended or discontinued.

Section I - Instructions

Complete Sections I, II, and III:

Student Name: Child attending program
Frequency: Annual, Bi-Annual, or Monthly depending upon the payment plan selected on the registration form.
Start Date: Select the day of the month you wish to have your payment processed on your financial account:
Number of Payments: Equals the **Enter the number of payments** from the registration form.
Tuition Amount: Equals the **Total Program Fees** from the registration form.

At the end of each month, hourly Extended Care utilized is calculated and placed on the monthly invoice. These fees are due with Preschool tuition. If you feel there is a discrepancy, you are responsible for contacting the KJA Office to discuss the situation and have items corrected on the invoice prior to the charges being processed on your financial account.

Student Name	Frequency	Payment Start Date	Number of Payments	Payment Amount	Tuition Amount
_____	_____	_____	_____	_____	_____

Section II - Responsible Party Information

Name (MUST match signature below)

Address City State Zip Code

Main Phone Number Alternate Phone Number Email

Section III - Payment Account(s)

Primary Payment Method

Credit/Debit Card Checking/Savings

Name as it appears on the account

Account Number

Expiration Date OR Bank Routing # CVV Security Code

Signature of Account Holder

Secondary Payment Method

Credit/Debit Card Checking/Savings

Name as it appears on the account

Account Number

Expiration Date OR Bank Routing # CVV Security Code

Signature of Account Holder

NOTICE

**If utilizing a checking or savings account for Primary or Secondary Payment Method
YOU MUST ATTACH A VOIDED CHECK OR DEPOSIT SLIP**