



Phone: 865.963.8001  
www.jewishknoxville.org

# AJCC Early Childhood Program Application

6800 Deane Hill Drive, Knoxville TN 37919

## 12 months through Pre-Kindergarten 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 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

Assigned Class: \_\_\_\_\_

To be completed AFTER pre-enrollment visit:

AJCC EARLY CHILDHOOD PROGRAM 2018-2019 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:  9 months (8.08.2018 - 5.23.2019)  12 months (8.08.2018 - 7.26.2019)

<b>Aleph/Bet 1/Bet 2 Classes (1-2 years old)</b>	<b>Select Plan Option (monthly rates):</b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
	<input type="checkbox"/> Basic Plan	\$610	\$ 760	\$ 895
	<input type="checkbox"/> Gold Plan	\$890	\$1040	\$1265

<b>Gimel &amp; Dalet Classes (3-5 years old)</b>	<b>Select Plan Option (monthly rates):</b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
	<input type="checkbox"/> Basic Plan	\$560	\$ 695	\$ 825
	<input type="checkbox"/> Gold Plan	\$830	\$ 970	\$1175

**BASIC PLAN:** Core Program 9:00 a.m. to 3:00 p.m. Extended Care **not** included - a 15-minute grace period is included without incurring additional Extended Care hourly costs: **Hourly extended care available at \$20 per hour (with 1 hour minimum past 30 minute grace period)**

**GOLD PLAN:** Includes the Basic Plan **and all available Extended Care (7:30 a.m.—6:00 p.m. Monday - Friday)** Late pick-up fees apply.

**PUBLISHED DISCOUNTS:**  
AJCC Annual Members receive **5%** discount off Program rates.  
9-month Preschool Plan and 12-month Annual Plan receive a 3% discount if full payment is made by August 8.  
Subsequent siblings receive a 5% discount (first child is exempt)

**EXTENDED CARE:**  
Hourly Rate is \$20 per hour (1 hour minimum)  
**You must notify the Early Childhood Director if you plan to utilize Extended Care.**  
**If hourly extended is selected, please indicate your plans:**  
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:**

**Annual Payment** One payment due by August 8, 2018  
Qualifies for a 3% Discount

**Bi-Annual Payment** Two scheduled payments August 8, 2018  
January 15, 2019

**9-month Payment** 9 payments  
1 down & 8 monthly Sept - Apr

**12-month Payment** 12 monthly payments  
12 months Aug - Jul

**VACATION CREDITS:**  
Each child will be permitted two weeks of vacation time throughout the school year. To receive credit, one full week vacations (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:  
Annual Payment is 8/8/2018      Bi-annual Payment Plan is 8/8/2018 and 1/15/2019  
9-payment plans begin September      12 payment plans begin August

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
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### 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