



Preschool at AJCC Early Childhood Program

8 weeks through Pre-Kindergarten (5 years of age)

2025-2026 School Year Registration Form



New Students:

1. Return this completed application with a non-refundable Application Fee of \$100 per child.

Returning Students:

1. Return this completed application. No application fee needed.

New and Returning Students: Preschool at AJCC will contact you regarding placement.

Visit Date: _____

or

Returning
Student

Student Information:

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

Address _____ Date of Birth (mm/dd/yyyy) _____

City _____ State _____ Zip Code _____ Age (as of August 15, 2025) _____

Child Resides With: ☐ Both Parents ☐ Mother ☐ Father ☐ Other **Planned Start Date:** _____

Parent/Guardian Information

Primary Person Financially Responsible for fees:

Name _____

Address _____

City, State, Zip _____

Mobile Phone (_____) _____

Mobile Carrier for Text Alerts _____

Employer _____

Emp. Address _____

Emp/Other Phone (_____) _____

Email _____

Relationship to child _____

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

Secondary Person Financially Responsible for fees:

Name _____

Address _____

City, State, Zip _____

Mobile Phone (_____) _____

Mobile Carrier for Text Alerts _____

Employer _____

Emp. Address _____

Emp/Other Phone (_____) _____

Email _____

Relationship to child _____

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

Religious Affiliation (Preschool at AJCC welcomes families of all faiths) _____

TERMS AND CONDITIONS:

1. I/We understand and agree that by completing registration that I/we are committing to either 10 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 month's tuition due on the withdrawal date.
2. New enrollees require a non-refundable first month's tuition payment with accepted registration.
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 \$100 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. (NEW FAMILIES ONLY)
5. I understand that any changes made to this registration after commitment will incur a change fee of \$50 per change.
6. I understand that by submitting this application, I agree to the terms and conditions of this contract.
7. If enrolling in the 10 month plan, I understand that summer camp spots are not guaranteed and I must pay a separate registration fee for summer camp.

Print Name of Custodial Person

Signature of Custodial Person

Date

Preschool at AJCC Early Childhood Program
2025-2026 Registration Form

Office Use Only:

Assigned Class: _____

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

Registration Plan: ☐ 10 Months (08/05/2025—05/21/2026) ☐ 12 Months (08/05/2025-07/24/2026)

<p align="center">INFANT/TODDLER PROGRAM (7:30 AM—6:00 PM)</p>	<p align="center"><i>Single Plan Option (Monthly Rate)</i></p> <p align="right">GOLD PLAN (7:30 A.M.— 6:00 P.M.) <input type="radio"/> \$1543</p>
<p align="center">Ages 2 Years to 4 Years (Must Be Toilet Trained for 3-4 year old class)</p>	<p align="center"><i>Select Plan Option (Monthly Rates)</i></p> <p align="right">BASIC PLAN (9:00 A.M.—3:00 P.M.) <input type="radio"/> \$1092 GOLD PLAN (7:30 A.M.— 6:00 P.M.) <input type="radio"/> \$1506</p>
<p align="center">Ages 4 Years to 5 Years (Birthdate must fall between Aug 16th, 2020—Aug 15th, 2021) *Rising Kindergartners Aug 2026 may ONLY register for the 10 month plan, MCDC summer camp registration is done separately *</p>	<p align="center"><i>Select Plan Option (Monthly Rates)</i></p> <p align="right">BASIC PLAN (9:00 A.M.—3:00 P.M.) <input type="radio"/> \$1008 GOLD PLAN (7:30 A.M.— 6:00 P.M.) <input type="radio"/> \$1407</p>
<p align="center">BASIC PLAN:</p> <p>Core Program (9:00 AM to 3:00 PM). Extended Care NOT included. A 15-minute grace period is included without incurring additional Extended Care hourly costs.</p>	<p align="center">GOLD PLAN:</p> <p>Includes the Basic Plan and ALL available Extended Care (7:30 A.M.-6:00 P.M. Monday—Friday)</p>
<p align="center">VACATION CREDITS:</p> <p>Each child will be permitted two weeks of vacation time throughout the school year (August-July). To receive credit, one full week vacation (individual days will not be permitted) must be planned 14 days in advance and communicated with the Preschool Director. Credit will be issued on the following month invoice. Failure to notify the ECP Director in advance will void vacation time option/credit usage.</p>	<p align="center">LATE PICK-UP FEE</p> <p>All children must be picked up no later than 6 PM Monday through Friday. Your account will be billed \$20 per minute for any pickups after 6 PM. NO EXCEPTIONS</p>
<p align="center">DISCOUNTS:</p> <p>AJCC Annual Members receive a 5% discount off Program rates. A 3% discount is given if full payment is made by August 1st. Siblings receive a 5% discount (first child exempt). *Rate changes when child moves classrooms, not birthdate!!!!</p>	

KNOXVILLE JEWISH ALLIANCE DBA/ AJCC PRESCHOOL PAYMENT FORM

I (the financially responsible party), hereby authorize Knoxville Jewish Alliance DBA/Arnstein Jewish Community Center Preschool (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. In the event a refund is needed ACH accounts cannot be refunded.

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 the bankcard is denied, a \$30 fee will be charged by KJA/AJCC. I agree that if funds are not available from the account I choose as primary, the KJA/AJCC is authorized to attempt to secure funds from my secondary account. If no secondary account is provided, KJA/AJCC will re-draft in 24 hours 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.**

Fully Complete Section I, II, III:

Section I

One Payment Form Per Family

Student's Name: _____

FREQUENCY

☐ ANNUAL PAYMENT 08/01/2025

☐ BI-ANNUAL PAYMENT 08/01/2025 & 01/02/2026

☐ MONTHLY PAYMENT 1st of each month

New Enrollees must pay one month down at acceptance!

SECTION II—RESPONSIBLE PARTY INFORMATION

Name (Must match signature below)

Address City State Zip

Main Phone Number Email

SECTION III—PAYMENT ACCOUNT(S)

PRIMARY PAYMENT METHOD		SECONDARY PAYMENT METHOD	
<input type="radio"/> CHECKING/SAVINGS—ACH	<input type="radio"/> CREDIT/DEBIT CARD	<input type="radio"/> CHECKING/SAVINGS - ACH	<input type="radio"/> CREDIT/ DEBIT CARD
_____ Name as it appears on the account		_____ Name as if appears on the account	
_____ Account Number		_____ Account Number	
_____ Expiration Date or Bank Routing #	_____ CVV Security Code	_____ Expiration Date or Bank Routing #	_____ CVV Security Code
_____ Signature of Account Holder	_____ Card Type	_____ Signature of Account Holder	_____ Card Type
_____ Bank Name if Checking Account		_____ Bank Name if Checking Account	