



6800 Deane Hill Drive
Knoxville, TN 37919
Phone: 865.690.6343

www.jewishknoxville.org/preschool

AJCC Early Childhood Program Application

6 weeks through Pre-Kindergarten (5 years)

2020-2021 Registration Form



Pre-enrollment Procedures for New Families:

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 15, 2020) _____

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

PARENT/GUARDIAN INFORMATION:

Primary Person Financially Responsible for camp fees:

Name _____

Address _____

City, State, Zip _____

Mobile Phone (____) _____

Mobile Carrier: _____

Employer: _____

Emp. Address: _____

Emp/Other Phone (____) _____

Email _____

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

Secondary Person Financially Responsible for camp fees:

Name _____

Address *if different* _____

City, State, Zip _____

Mobile Phone (____) _____

Mobile Carrier: _____

Employer: _____

Emp. Address: _____

Emp/Other Phone (____) _____

Email _____

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

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-month's tuition due on the withdrawal date.
2. New enrollees require a non-refundable first month's tuition payment with accepted 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 registration 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.
5. I understand that by submitting this registration, I agree to the terms and conditions of this contract.
6. If enrolling in the 9 month plan, I understand that I must pay a separate registration fee if signing up for summer camp.

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 2020-2021 REGISTRATIONIndicate 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 is based upon availability.

 3 days 4 days 5 days Mon Tue Wed Thu FriRegistration Plan: 9 months (8.10.2020 - 5.22.2021) 12 months (8.10.2020 - 7.30.2021)**Ages 6 weeks—2 years**

Infant/Toddler Program (7:30am-6:00pm)

Select Plan Option (monthly rates):

	3 Days	4 Days	5 Days
<input type="checkbox"/> Infant/Toddler Plan	\$915	\$1070	\$1300

Ages 2 years to 3 years

(Birthdate must be between Aug 16th, 2017—Aug 15th, 2018)

Select Plan Option (monthly rates):

	3 Days	4 Days	5 Days
<input type="checkbox"/> Basic Plan	\$610	\$760	\$895
<input type="checkbox"/> Gold Plan	\$890	\$1040	\$1265

Ages 3 years to 4 years

(Must be Toilet-Trained)

(Birthdate must be between Aug 16, 2016 - August 15,

Select Plan Option (monthly rates):

	3 Days	4 Days	5 Days
<input type="checkbox"/> Basic Plan	\$610	\$760	\$895
<input type="checkbox"/> Gold Plan	\$890	\$1040	\$1265

Ages 4-5 years

(Birthdate must be between Aug 16, 2015—August 15, 2016)

* Entering 4 & 5 year old's may only register for the 9 month plan, MCDC summer camp registration will be done separately *

Select Plan Option (monthly rates):

	3 Days	4 Days	5 Days
<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

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

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

LATE PICK UP FEE:

All children must be picked up no later than 6 p.m. Mon-Fri.
Your account will be billed **\$20 per minute** for any pickups after 6 p.m. NO EXCEPTIONS.

CHOOSE PAYMENT PLAN:

- Annual Payment** One payment due by August 10, 2020
Qualifies for a 3% Discount
- Bi-Annual Payment** Two scheduled payments August 10, 2020
January 1, 2021
- 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.

PUBLISHED DISCOUNTS:

AJCC Annual Members receive **5%** discount off Program rates.
A **3%** discount is given if full payment is made by Aug 10th.
Siblings receive a **5%** discount (first child is exempt)

KNOXVILLE JEWISH ALLIANCE PAYMENT FORM

I (the financially responsible party) hereby authorize the Knoxville Jewish Alliance (KJA)/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.

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 \$25 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

Complete Sections I, II, and III:

Student Name: **Child attending program**
Frequency: **Annual Payment is 8/10/2020, Bi-annual Payment Plan is 8/10/2020 1/1/2021, or Monthly**
Payment Draft Date: **Select 1st or 15th of each month your payment will be processed on your financial account:**

At the end of each week, 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 charges.

<u>Student's Name:</u>	<u>Frequency:</u>	<u>Monthly Payment Draft Date</u>
_____	<input type="radio"/> Annual Payment	<input type="radio"/> 1st
	<input type="radio"/> Bi-Annual Payment	<input type="radio"/> 15th
	<input type="radio"/> Monthly	

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 Card Type

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 Card Type

NOTICE

**If utilizing a checking or savings account for Primary or Secondary Payment Method
YOU MUST ATTACH A VOIDED CHECK OR DEPOSIT SLIP if NEW to the AJCC Preschool or changing payment information.**