

2020-2021 PRESCHOOL REGISTRATION

Baer Family Early Childhood Learning Center

A David Posnack JCC Preschool

5151 NE 14th Terrace

Fort Lauderdale, FL 33334 · 954-351-5544

FOR OFFICE USE

Date: _____

Deposit: _____

School year begins January 4, 2021 and ends on June 4, 2021

*The preschool calendar is subject to change. No child will be registered unless application is filled out **COMPLETELY** and **SIGNED**.*

*Return this form with the appropriate fee. Please **PRINT CLEARLY**.*

(Matriculation and registration fees are non-refundable and non-transferable (Checks made payable to the David Posnack JCC).

DATE ____ / ____ / ____ Member Community Interested in becoming a member

CHILD 1'S Last Name _____ **CHILD 1'S** First Name _____ MALE FEMALE

Date of Birth ____ / ____ / ____ Child 1's Preferred Name _____

If child currently attends the DPJCC preschool, please indicate teacher's name: _____

CHILD 2'S Last Name _____ **CHILD 2'S** First Name _____ MALE FEMALE

Date of Birth ____ / ____ / ____ Child 2's Preferred Name _____

If child currently attends the DPJCC preschool, please indicate teacher's name: _____

CHILD 3'S Last Name _____ **CHILD 3'S** First Name _____ MALE FEMALE

Date of Birth ____ / ____ / ____ Child 3's Preferred Name _____

If child currently attends the DPJCC preschool, please indicate teacher's name: _____

Child(ren)'s Address _____ City _____ Zip _____

Parent 1 Name _____ **PH:** Day (____) _____ Evening (____) _____

Cell (____) _____ Email _____

Parent 2 Name _____ **PH:** Day (____) _____ Evening (____) _____

Cell (____) _____ Email _____

Parents' Marital Status Married Single Divorced Separated Widow(er)

Child(ren) resides with Both parents Parent 1 Parent 2 Grandparents Other/Guardian

If "Other," please explain: _____

Number residing in household (including parents, grandparents, etc.) _____

Member of a synagogue? Yes No Unaffiliated Name of synagogue _____

IN CASE OF EMERGENCY (IF PARENTS ARE NOT AVAILABLE) DPJCC MAY CALL (local contacts only)

1) _____ Phone #: _____ Relationship: _____

2) _____ Phone #: _____ Relationship: _____

Parent's signature _____ Date _____

Please review the policies and terms of registration on the reverse side. Sign and date.



Early Childhood Learning Center
A David Posnack JCC Preschool

Class is determined by child's age as of September 1, 2020.

**INFANT
(2–12 months)**

- Monday–Friday (9:00–3:00)
- Monday–Friday (9:00–6:00)
- Monday–Friday (7:30–6:00)

TODDLER (13–24 months)

- Monday–Friday (9:00–12:30)
- Monday–Friday (9:00–3:00)
- Monday–Friday (9:00–6:00)
- Monday–Friday (7:30–6:00)

2-YEAR-OLD

- Monday–Friday (9:00–12:30)
- Monday–Friday (9:00–3:00)
- Monday–Friday (9:00–6:00)
- Monday–Friday (7:30–6:00)

3-YEAR-OLD

-must be toilet-trained

- Monday–Friday (9:00–3:00)
- Monday–Friday (9:00–6:00)
- Monday–Friday (7:30–6:00)

PRE-KINDERGARTEN (4 year old)

-must be toilet-trained

- Monday–Friday (9:00–3:00) **VPK Only**
- Monday–Friday (7:30–3:00)
- Monday–Friday (9:00–6:00)
- Monday–Friday (7:30–6:00)

Infant Care is a 12-month program. Toddlers, 2s, 3s and Pre-K are 10-month programs.

VACCINATION POLICY

Beginning Wednesday, August 19, 2020, the first day for the Broward County public school system for the 2020-2021 school year, only children who are immunized will be accepted into the preschool and after-school programs.

- Form 680 (the State of Florida immunization form) **MUST** be turned in prior to child's attendance and will be kept on file at the DPJCC.
- These programs will no longer accept children with religious exemptions from vaccination.
- Medical exemptions will be decided on a case-by-case basis. _____
Initial

TERMS OF REGISTRATION

- I understand that payments are billed on the 10th of each month. Tuition may be paid by bank draft debit, credit card, or cash/check. If paying by bank draft debit, you receive a \$25/month discount on tuition.
- A 3% discount will be given if full annual tuition is paid by cash or check before the July payment.
- I understand if I withdraw my child(ren) before the end of the school year, I must notify the school in writing, 30 days prior to withdrawal date, or I may incur one month's tuition payment penalty per child. _____
Initial
- A 10% discount on the lower fee will be given for each additional child enrolled in the preschool program.
- In case of emergency and I am unable to be contacted, I give permission to the DPJCC to have my child transported to the closest hospital for treatment. This does not in any way hold the DPJCC financially responsible for any medical or emergency care given. _____
Initial
- Medical forms and parent packets, mandatory by Broward County Licensing, are required for a child to attend the DPJCC preschool. The preschool does not accept unimmunized children. _____
Initial
- The DPJCC is not responsible for lost items.
- In observance of kashruth, only kosher dairy and parve products will be permitted. We do not permit peanut or tree nut products.
- Children are placed in classes at the discretion of the director.

I have read this registration form and brochure in full and agree to the terms of enrollment as stated. I will be responsible for payment of all fees due the DPJCC.

PLEASE MAKE CHECKS PAYABLE TO THE DAVID POSNACK JCC.

Signature of Parent/Guardian

Date

