



KTI Early Childhood Program

Congregation Kneses Tifereth Israel · 575 King Street Port Chester, NY 10573 · 914.939.1010 · 914.939.1086 (f) · ktiecp@gmail.com

TWO'S REGISTRATION FORM 2018-2019

CHILD'S FULL NAME _____ DATE _____

NICKNAME _____ MALE _____ FEMALE _____

ADDRESS _____

PHONE NUMBER _____ CELL _____

PRIMARY E-MAIL _____

CHILD'S DATE OF BIRTH _____

SYNAGOGUE MEMBER _____ NON MEMBER _____

I would like to enroll my child in the following program:

_____ 2 Year Old Program, 3 days (Mon., Tues., Wed. 9:15-11:30 AM)

_____ 2 Year Old Program, 5 days (Mon. through Fri. 9:15-11:30 AM)

.....
Father's Name _____ Mother's Name _____

Occupation (Father) _____ (Mother) _____

Business Address & Phone (Father) _____

Business Address & Phone (Mother) _____

Name & Ages of Siblings _____

Child's Physician _____

Address _____ Phone _____

(over)

We want to make your child's preschool experience the very best possible. Please help us by filling out the information below.

Has your child ever been to preschool? _____ Play Group? _____

If so, for how long? _____

Does your child have any physical limitations or restrictions? If yes, please describe.

Is your child receiving any support services? _____ If yes, please describe. _____

Has your child ever been hospitalized? _____

Does your child have allergies? _____ If yes, describe allergy. _____

What kind of pets do you have in your home, if any? _____

Does your child have any fears? _____ If yes, what? _____

Does your child have any special interests? _____

Is your child toilet trained? _____

Please provide any further information which may help our school understand your child's needs.

How did you hear about us? _____



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TWO'S CONTRACT 2018-2019

CHILD'S FULL NAME _____ MALE _____ FEMALE _____

PARENT'S NAME _____ DATE: _____

ADDRESS _____

SYNAGOGUE MEMBER _____ NON MEMBER _____

ENROLLMENT AND PAYMENT 2018-2019

To enroll your child in our program you must complete the Contract and Registration Form and submit them along with a non-refundable tuition deposit of \$1,000.00. If you enroll your child and then change your mind (for any reason), this deposit payment is NON-refundable. By signing below, you acknowledge that the KTI Early Childhood Program (ECP) has limited space and by registering your child the ECP relies on the child's admission.

The ECP reserves the right to cancel any class without penalty due to insufficient enrollment. If a class is canceled, tuition deposits/payments will be fully refunded. Tuitions are listed below. Congregation KTI members receive a discount. Families with more than one child enrolled in our program simultaneously receive a 10% discount for each additional child enrolled.

Should it be necessary to withdraw your child from the ECP, written notice must be given to the Director of the school indicating the effective date of the withdrawal. The ECP shall not consider the child to have withdrawn until written notice has been received. THERE ARE NO TUITION REFUNDS FOR ANY REASON. The Director of the ECP reserves the right to ask a child to withdraw if the program cannot meet the needs of that child. In such an event, tuition will be refunded on a pro-rated basis.

The first payment of 25% is due FEBRUARY 1st, 2018. Another 25% is due MAY 1st, a third payment of 25% is due July 1st, with the balance due by SEPTEMBER 1st 2018. KTI Early Childhood Program has the right to cancel any child's reservation for non-payment by July 15th.

FEE SCHEDULE: Please check the appropriate 2 year old program for your child. Please note the tuition fee includes a charge for security.

3 Days AM _____ Congregation Members: \$6,430.00 _____ Non-Members: \$6,955.00

5 Days AM _____ Congregation Members: \$8,898.00 _____ Non-Members: \$9,423.00

TUITION _____ DEPOSIT _____ BALANCE DUE _____
(over)

I hereby apply to enroll my child _____ in the KTI Early Childhood Program for the School year of 2018-2019 in the two's program. I hereby agree to abide by the rules and regulations of KTI and its Early Childhood Program. I agree to pay the sum of \$1000.00 NON-REFUNDABLE TUITION DEPOSIT. I also agree to pay 25% of the balance of my child/children's tuition by February 1st, 25% by May 1st, 25% by July 1st and the balance by September 1st. I understand that the tuition is non-refundable. *Please make checks payable to Congregation KTI.*

Parent Signature _____ Date _____
(Person responsible for payment)

.....

I will be responsible for my child's transportation to and from school.

Parent Signature _____

.....

We take pictures/videos of the children engaged in various activities during our program. These pictures are used for bulletin board displays and/or classroom activities.

I GIVE MY PERMISSION FOR MY CHILD _____ TO BE PHOTOGRAPHED OR FILMED.

Parent Signature _____

.....

I understand that there is a "no request" policy at KTI ECP for class placement.

Parent Signature _____

WE ARE NOT RESPONSIBLE FOR MAKE UP CLASSES DUE TO INCLEMENT WEATHER OR ACTS BEYOND OUR CONTROL WHICH RESULT IN THE CLOSING OF SCHOOL.