



# Beth Shir Sholom Early Childhood Center

Marsha Newstat  
Director



Please fill out form, print out a hard copy  
and press "submit" after you finish.

## 2010 Tuition Statement for the Toddler Program

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Wk \_\_\_\_\_

Hm Ph \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Wk \_\_\_\_\_

Hm Ph \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Tuition is an annual fee divided into 10 months of payments. There is no adjustment for vacation or illness. ECC tuition is handled through **FACTS**, a *tuition payment management service company*. Tuition is due on the 5<sup>th</sup> of each month if payments are automatically withdrawn from your checking account. A \$2.50 per \$100 fee will be added to your monthly tuition amount for credit card payments. A \$25 FACTS Return Fee will be automatically deducted from your account in the event that your financial institute returns a payment. Please Initial \_\_\_\_\_

Pay **deposit** by: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Visa or Master Card (**REQUIRED**) \_\_\_\_\_

3-digit code on signature strip \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on the credit card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you Beth Shir Sholom Members? \_\_\_ Yes \_\_\_ No **START DATE:** \_\_\_\_\_

**Daily Schedule:** Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_

**Time:** 9am - 12 noon \_\_\_\_\_ 9am - 3pm \_\_\_\_\_ 8am - 5:30pm \_\_\_\_\_

### FEES AND TUITION (All Fees and tuition are non-refundable) **(SEE PAGE 3 FOR RATES)**

Fall Registration Fee: \$175 Date Paid: \_\_\_\_\_

Building / Security Fee: \$400 Date Paid: \_\_\_\_\_

First Month's Tuition: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Last Month's Tuition: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Total: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Schedule and Tuition Adjustment: \_\_\_\_\_ Effective Date: \_\_\_\_\_





# Beth Shir Sholom Early Childhood Center



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Please register my child, \_\_\_\_\_ for enrollment at Beth Shir Sholom Early Childhood Center and Temple for the 2010 Toddler Program.

*In accepting financial responsibility for the tuition of enrolling our (my) child, we (I) agree to the terms, conditions and payments of the fees as specified below:*

1. Beth Shir Sholom Early Childhood Center and Temple will reserve a space for our (my) child upon completion of this signed agreement with the deposit amount, which includes the non-refundable first and last month's tuition, registration and building and security fee.
2. We (I) agree to adhere to all rules and instructions for payment plans set by FACTS.
3. If your child is picked up after his/her scheduled time, there will be a charge of \$15.00 per hour for additional time used. Continued disregard for school's closing hours could result in additional penalties and/or suspension of your child's attendance. Make-up days are not available.
4. We (I) agree to pay all reasonable attorney's fees, court fees and other costs that could be incurred by BSS ECC and Temple in attempting to collect delinquent payments.
5. We (I) give our consent and permission for our (my) child to participate in all activities offered at the BSS ECC and Temple site.
6. We (I) hereby agree to abide by all policies set by BSS ECC and Temple. We (I) further agree to accept the rules and regulations of BSS ECC and Temple as they now exist or may from time to time be altered or amended.
7. We (I) agree that I am entitled to a refund (less the non-refundable registration) within 30 days of signing this agreement. If for any reason I decide not to enroll my child at BSS ECC and Temple after 30 days of signing this agreement, I understand that we (I) forfeit this deposit.
8. We (I) agree that the last month's deposit (June) and membership is forfeited under all circumstances unless the child has been asked to leave.
9. Temple membership dues must be kept current in order to receive the Membership discount for Preschool Tuition.

*I understand that this must be signed and returned with proper payment to guarantee my child's place.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



1827 California Ave, Santa Monica, CA 90403, phone: (310) 829-2517, fax: (310) 453-6827  
email: marsha.newstat@bethshirsholom.org



# Beth Shir Sholom Early Childhood Center



Beth Shir Sholom Preschool is open to all children, regardless of race, color, religion, national or ethnic origin. Our program supports inclusion opportunities for children with special needs. Temple membership is encouraged, but not required.

We give currently enrolled, returning students first priority; children of temple members, not currently enrolled, are given priority next.

We welcome your questions and look forward to meeting your child-care needs. If you would like to know more about our toddler, preschool and camp programs, please stop by or call us any time.

(310) 829-2517

Beth Shir Sholom reserves the right to refuse or terminate a child's enrollment in the interest of the safety or welfare of the child.

## TUITION 2010

### Toddler Program Starting at 18 Months

	MEMBER	NONMEMBER
<b>2 DAYS</b>		
9 - 12 noon	\$580	\$760
9 - 3 pm	\$790	\$970
8 - 5:30 pm	\$865	\$1045
<b>3 DAYS</b>		
9 - 12 noon	\$710	\$890
9 - 3 pm	\$855	\$1035
8 - 5:30 pm	\$940	\$1120
<b>5 DAYS</b>		
9 - 12 noon	\$820	\$1000
9 - 3 pm	\$970	\$1150
8 - 5:30 pm	\$1100	\$1280

# Beth Shir Sholom Preschool



We touch the future!



Beth Shir Sholom  
Early Childhood Center  
1827 California Avenue  
Santa Monica, CA 90403  
**310-829-2517**

[www.bethshirsholom.org](http://www.bethshirsholom.org)

**Marsha Newstat, M.S.**  
Center Director  
**Cynthia Barzilai**  
Assistant Director  
**Raymond Sanchez**  
Camp Director



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