



Beth Meyer Preschool

504 Newton Road
Raleigh, NC 27615

Phone: (919) 870-6477

Web: www.bethmeyerpreschool.org

Child's Application For Enrollment 2020-2021

Date of Application: _____

Enrollment Date: _____

Child's Information:

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Nickname: _____ Birthdate: _____

Child's Physical Address: _____

Family Information:

Child Lives With: _____

Guardian 1's Name: _____

Address (if different from child's):

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Guardian 2's Name: _____

Address (if different from child's):

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Contacts: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

Child's Name: _____

Health Care Needs:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has.

List any types of medication taken for health care needs.

Share any other information that has a direct bearing on assuring safe medical treatment for your child.

Emergency Medical Care Information:

Name of health care professional: _____ Phone: _____

Hospital preference: _____ Phone: _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____

Child's Name: _____

Beth Meyer Synagogue Membership Status:

Membership in Beth Meyer Synagogue is open to all members of Jewish and Interfaith families

Dues paid by the members of Beth Meyer Synagogue substantially subsidize the operation of Beth Meyer Preschool.

_____ We are NOT members of Beth Meyer Synagogue

_____ We ARE members of Beth Meyer Synagogue (20% discount)

Class Selection & Tuition: Please circle selection(s)

*Note: Morning is 8am to 1pm / Full Day is 8am to 5pm / Children attend 3 days (Mon/Wed/Fri) or 5 days per week
Rates listed are per billing cycle (see calendar). There are 10 billing cycles per school year*

Peelim (Elephants) – 12 months as of 8/31/20	Full Rate	Member Rate
Morning Only – 5 Days (M-F)	778	622
Morning Only – 3 Days (MWF)	561	449
Full Day – 5 Days (M-F)	1308	1046
Full Day – 3 Days (MWF)	911	729
Parparim (Butterflies) – 2 years as of 8/31/20	Full Rate	Member Rate
Morning Only – 5 Days (M-F)	736	589
Morning Only – 3 Days (MWF)	530	424
Full Day – 5 Days (M-F)	1253	1002
Full Day – 3 Days (MWF)	871	697
Dageem (Fish) – 3 years as of 8/31/20	Full Rate	Member Rate
Morning Only – 5 Days (M-F)	722	578
Morning Only – 3 Days (MWF)	520	416
Full Day – 5 Days (M-F)	1225	980
Full Day – 3 Days (MWF)	853	682
Ariyot (Lions) 4 years as of 8/31/20	Full Rate	Member Rate
Morning Only – 5 Days (M-F)	695	556
Morning Only – 3 Days (MWF)	484	387
Full Day – 5 Days (M-F)	1186	949
Full Day – 3 Days (MWF)	825	660

Child's Name: _____

Discounts:

- **Beth Meyer Member:** Dues from Beth Meyer Synagogue Members subsidize many of the preschool's operating costs such as utilities, rent, and building maintenance. Beth Meyer Synagogue Members in good standing receive a 20% reduction in tuition costs.
- **Sibling Discount:** A discount of 10% per month on tuition is granted to the second and each subsequent sibling enrolled. Full tuition is paid by the oldest child.

Fees:

- **Registration Fee:** Non-refundable registration fee of \$225 for the first child and \$175 for each additional child. (Check to accompany this application in order to hold spot).
- **Late Payment Fee:** Tuition fees are due by the fifth of each month. A late fee of \$25 will be charged for payments made after the tenth of the month.
- **Late Pick-Up Fee:**
 - After the first offense, a fee of \$5 will be charged for each 10 minutes a child is picked up more than 10 minutes after the end of the child's class or program. We appreciate phone calls informing us of impending late pick-ups. Please make every effort to pick up your child on time.
- **Drop-In Fee:** This fee is for students who request to come in on an unassigned day or to stay for the afternoon session when registered as a morning-only student. All requests must be approved by the director prior to the drop-in date.
 - Beth Meyer Synagogue Member Full Day: \$60
 - Beth Meyer Synagogue Member Half Day AM: \$36
 - Beth Meyer Synagogue Member Half Day PM: \$28
 - Non-Member Full Day: \$75
 - Non-Member Half Day AM: \$45
 - Non-Member Half Day PM: \$35