

Registration Time is Here!

January 2018 /Tevet 5778

Dear Parents,

It's time to start planning for Camp Kayitz and the 2018-19 school year! Priority registration is January 16-26 for our current and alumni families, as well as Beth Emet members, for the following classes:



- **Bonim:** For children 12-24 months, with parent/caregiver
 - Fridays 9:30 - 11:00 a.m.
- **Kochavim:** For children who will be 2 by September 1st, 9:15 - 11:45 a.m. Choose:
 - 5 days/week: Monday through Friday
 - 3 days/week: Monday, Wednesday and Friday
 - 2 days/week: Tuesday and Thursday

Note: Lunch program for Kochavim beginning in January will be offered with sufficient interest.

- **Madregot:** For children who will be 3 by September 1st, 9:15 - 11:45 a.m., with an optional Lunch Bunch from 11:45-1:15. Choose either:
 - 5 days/week (Monday through Friday)
 - 4 days/week (Tuesday, Wednesday, Thursday and Friday)
- **G'dolim:** For children who will be 4 by September 1st,
 - Monday through Friday 9:15 - 11:45 a.m., with an optional Lunch Bunch from 11:45-1:15.

Lunch Bunch Hours: All Madregot and G'dolim students are encouraged to extend the school day with longer Lunch Bunch (11:45 am-1:15pm.), where children and their teachers will dine together, with lunches from home, and extend the socialization and learning. You select the days your child will stay for lunch! See the registration form for details.

Throughout the year we will also offer enrichment classes such as yoga, drama, cooking, science or gymnastics, which will take place during Lunch Bunch. Sign up for Lunch Bunch now and there's no extra cost for enrichment classes. Details on the enrichment classes are coming in August. Children (and parents!) love this extended school experience!

Early Drop Off. Your child can start school as early as 8:00 a.m. See the registration form for details.

Camp Kayitz (9:15 a.m. -12:45 p.m.), Camp for children ages 3-5, either 3 or 4 days/week, will run June 19 - July 27. We'll also have Parent/Tot Friday morning camp as well. [Click here for more Camp information.](#)

I'm very pleased that you've chosen Beth Emet's excellent Jewish Early Childhood program. If you have questions, please be in touch.

Warmly,

Kathy Kaberon

Director, Young Family Programs

1224 Dempster; Evanston, IL 60202

847-869-4230, ext. 305 | Check us out online at bethemet.org bethemet.org/earlychildhood



Beth Emet Early Childhood Program

Application for 2018-2019

Please complete a separate application for each child and return forms and deposits to Eric Berman in the school office.



Child's Name _____ Date of birth _____ Gender _____

Address _____ City _____ Zip _____

Home Phone _____

Are you currently a member of Beth Emet _____ Yes _____ No

Please note:

Membership at Beth Emet Synagogue is welcome throughout the year, and we invite families in our Early Childhood Program to determine their own annual membership commitment. When we receive your annual commitment form and membership payment, your Early Childhood tuition will be lowered to the member rate.

____ Yes, I am interested in learning more about membership.

Parent Name _____ Parent Name _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Please check appropriate program - See website for more details.

____ **Bonim**
(12-24 months)

Kochavim
(24-36 months)

____ 5 Day (M-F)
____ 3 Day (M, W, F)
____ 2 Day (Tu, Th)

Madregot
(3-4 years old)
____ 5 Day (M-F)
____ 4 Day (T-F)

____ **G'dolim**
(4-5 years old)

Madregot & G'dolim
Lunch Bunch
(See page 3 for details)

2018-2019 Beth Emet Synagogue Early Childhood Program Tuition

| Tuition \$200 non-refundable deposit required for all classes | Member | Non-Member | Deposit |
|---|---|---|----------------|
| Bonim (9:30 – 11:00 a.m.) <ul style="list-style-type: none"> Parent/Caregiver and Toddler 12-24 months Friday morning | \$770.00 | \$855.00 | \$200.00 |
| Kochavim (9:15 – 11:45 a.m.) <ul style="list-style-type: none"> 24-36 months by September 1 2 days – Tuesday and Thursday OR 3 days – Monday, Wednesday and Friday OR 5 days – Monday to Friday | \$2115.00 OR \$3165.00 OR \$5270.00 | \$2350.00 OR \$3520.00 OR \$5860.00 | \$200.00 |
| Madregot (9:15 – 11:45 a.m.) <ul style="list-style-type: none"> 3 years old by September 1 4 days – Tuesday, Wednesday, Thursday and Friday OR 5 days – Monday to Friday | \$4230.00 OR \$5270.00 | \$4700.00 OR \$5860.00 | \$200.00 |
| G'dolim (9:15 – 11:45 a.m.) <ul style="list-style-type: none"> 4 years old by September 1 5 days – Monday to Friday | \$5270.00 | \$5860.00 | \$200.00 |

Madregot or G'dolim Lunch Bunch (11:45 a.m. – 1:15 p.m.)

Please choose the days you would like your child to join Lunch Bunch for the year.

___M ___T ___W ___Th ___F x 32 weeks x \$16.00/day = \$_____

Early Drop Off (8:00 – 9:15 a.m.)

Please choose the days you would like your child to have early Drop Off for the year.

___M ___T ___W ___Th ___F x 32 weeks x \$15.00/day = \$_____

Beth Emet Early Childhood Program

Tuition Policy and Payment Plan 2018-2019

There are two payment options for Early Childhood Program tuition:

1. Pay your tuition in full by June 1, 2018.
2. Use the Automatic Deduction Payment Plan form on page 4. Each month from June 1st, 2018 through March 1st, 2019, one-tenth of your tuition (net the non-refundable deposit) will be deducted from your bank account on the first business day of the month.

Please note:

- **The deposit is required and is applied towards tuition. Deposits are non-refundable.**
- Special payment arrangements can be made. Please contact Bekki Harris Kaplan, Executive Director of Beth Emet Synagogue, at ext. 304.
- Scholarship monies may be available. Please contact Kathy Kaberon for an application. Scholarship applications are due April 1, 2018.

Refund Policy

| <u>Time of Withdrawal</u> | <u>Consequence</u> |
|----------------------------------|------------------------------------|
| Between registration and June 1 | Forfeit deposit |
| June 1 – July 1 | Forfeit deposit + 1-month tuition |
| July 2 – August 1 | Forfeit deposit + 2 months tuition |
| August 2 – September 1 | Forfeit deposit + 3 months tuition |
| September 2 – October 1 | Forfeit deposit + 4 months tuition |
| October 2 – December 1 | Forfeit deposit + 5 months tuition |
| December 2 – January 1 | Forfeit deposit + 6 months tuition |
| January 2 – February 1 | Forfeit deposit + 7 months tuition |
| February 2 -- End of school year | Forfeit deposit + all tuition paid |

- Should a family decide to withdraw their child from school, we will refund tuition and, if applicable, extended day fees, less the non-refundable deposit, as follows:
 - If payment has been paid in full, the remaining balance of the tuition, less the non-refundable deposit will be refunded according to the above chart.
 - If payment is paid through Automatic Deduction, this plan will be cancelled upon notice of withdrawal, and any refunds will be made according to the above chart.

School Payment Worksheet For All Families

Child Name: _____ **Class** _____

Tuition (from page 3) \$ _____

[Plus optional] Lunch Bunch Tuition (Madregot & G'dolim only) (from page 3) \$ _____

[Plus optional] Early Drop Off (from page 3) \$ _____

[Less] \$200.00 deposit (required)* \$ _____

Total Due \$ _____

***All deposits will be applied toward tuition. Deposits are non-refundable if your child is accepted into the program.**

Payment Options (check one) I choose the following plan to pay the balance above:

___ Tuition (including optional programs) paid in full by June 1, 2018

OR

___ Automatic Deduction (monthly on the 1st of each month, equal amounts from June 1st- March 1st)

I hereby authorize Beth Emet The Free Synagogue to initiate debit entries to my checking account indicated below at the depository named below, ("Depository"), to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

___ Please use same checking account as last year's automatic deduction

OR

Depository Name _____

(Please attach voided check)

Routing Number (9 Digits) _____

Account No. _____

I agree to the refund policy on the preceding page.

Parent Signature

Date