



Preschool Enrollment Checklist 2017-2018

Please Circle One

Child Name: _____ Male/Female

Date of Birth: _____ Age: _____

Email: _____

Contact Phone: _____

Items needed to complete registration process:

- ___ 1. Completion of Parent Handbook Acknowledgement with parent signatures
- ___ 2. Completion of Registration Acknowledgement with parent initials and signature
- ___ 3. Completion of Tuition Installment Agreement
(do not complete if you intend to pay in full on or before the first day of school)
- ___ 4. Completion of Media Release Form
- ___ 5. Completion of Health Office Release Form
- ___ 6. Completion of emergency blue card
- ___ 7. Driver's license for individuals responsible for pick-up will be copied in the office.
- ___ 8. Original birth certificate will be copied in the office.
- ___ 9. Immunization records for student's file will be copied in the office.
- ___ 10. Registration fee due at time of registration
- ___ 11. 10% deposit due at time of registration

For office use only

Class Assigned : _____

Completed Packet Received By: _____ Date: _____

Parent Handbook Acknowledgements for the 2017-2018 School Year

The Jefferson Traditional Beginnings Handbook and Statement of Services provides the information necessary to assure that all parties understand our goals and expectations. Please sign each section below and return the form to school with your enrollment documents.

Handbook

As a parent of a student at JTB, I acknowledge that I have read and understand the contents of the **Handbook and Statement of Services** and that I am committed to supporting and guiding my child in accordance with the information provided within.

Parent Name (please print)

Signature

Date

Mission Statement

As a parent of a student at JTB, I acknowledge that I have read and understand the contents of the **Mission Statement** section of the handbook and that I am committed to supporting and guiding my child in accordance with the information provided within.

Parent Name (please print)

Signature

Date

Calendar

As a parent of a student at JTB, I acknowledge that I have received a school calendar for the 2017-2018 school-year and that I understand when school will be in session and pick-up times for early release days.

Parent Name (please print)

Signature

Date

Hours of Operation

As a parent of a student at JTB, I acknowledge that I have read and understand the contents of the **Hours of Operation** section of the handbook. I understand that fees will apply for pick-up and/or drop-off outside of regular preschool hours.

Parent Name (please print)

Signature

Date

Fees

As a parent of a student at JTB, I acknowledge that I have read and understand the contents of the **Registration Acknowledgement** section of the handbook including tuition fees, late payment fees, and **withdrawal information**.

Parent Name (please print)

Signature

Date

Age/Toileting

As a parent of a student at ATB, I understand that my child must be at least three years old and be completely potty-trained before attending, as outlined in the **Age Requirements and Toileting information** on page 2.

Parent Name (please print)

Signature

Date



Program Offerings

Enrolling in: (check one)

- Five Day/Full Day Annual Tuition is \$5,900
- Five Day/Half Day Annual Tuition is \$3,200
- Three Day/Full Day Annual Tuition is \$3,800
- Three Day/Half Day Annual Tuition is \$2,300
- Two Day/Full Day Annual Tuition is \$3,000
- Two Day/Half Day Annual Tuition is \$1,900

Registration

The non-refundable, registration fee is \$75 per child and no discounts apply. A non-refundable 10% deposit is also due at the time of registration. The 10% deposit represents a prepayment of tuition that will apply to the final 10% of tuition due.

Annual Tuition Information

The preschool annual tuition covers the days Jefferson Traditional Beginnings is in session as shown by the school calendar. Students who enroll after the first day of school will be charged the regular daily rate. Students who withdraw prior to the end of school will be charged a prorated amount based on their days of enrollment (not attendance). A thirty-day written notice is required to withdraw a student from the program.

The annual tuition is due in full on the first day of school. A payment plan is available to families to pay the annual tuition over time after completing a Tuition Installment Agreement. The first payment is due on the first day of school. The second payment is due on the first school day of the next month. Each subsequent payment is due on the first school day of each month. All payments are considered late on the fifth school day of the month and will be assessed a \$25.00 late fee.

Payments may be made on campus by cash or check made payable to Jefferson Traditional Beginnings (JTB). Credit card payments can be made online at the school's online payment site, www.choiceacademiespayonline.org. Credit cards are not accepted on campus.

A payment voucher booklet will be issued to every family who completes a tuition installment agreement. The payment booklet will provide nine payment vouchers, one for each installment due date. Please include a payment voucher with each payment to ensure proper posting to your account.

This tuition agreement contains the entire agreement between the parties relating to the subject matter of this agreement. Any amendments, agreements, representations, modifications or conditions must be made in writing and signed by the school in order to be valid. Verbal arrangements, explanations, or representations are not sufficient to alter the terms of this agreement.

Please initial each statement of understanding.

- I understand that the registration fee is non-refundable.
- I understand that the 10% tuition deposit is non-refundable .
- I understand that fees for lunch, before and after care, and late pickup fees are in addition to annual tuition amounts.
- I understand should I withdraw my child early, a 30-day written notice is required and the prorated daily rate is \$35.40 for five day/full-day, \$19.20 for five day/half-day, \$22.80 for three day/full-day, \$13.80 for three day/half-day, \$18.00 for two day/full-day, and \$11.40 for two day/half-day.

Email Address

Signature of person responsible for payment

Date

Printed name

Student Name

Jefferson Traditional Beginnings 2017-2018

Five Day/Full-Day Tuition Installment Agreement

The Preschool Tuition for five day/full-day is \$5,900 for the 2017-2018 school year. It is due on the first day of school.

A non-refundable registration fee of \$75 is due immediately upon registration. A non-refundable 10% deposit of \$590 is due immediately upon registration. The 10% deposit represents a prepayment of tuition that will apply as the FINAL 10% of tuition due.

Tuition for this program is due on the first day of school. Do not complete this agreement if you intend to pay your entire tuition by the first day of school.

By signing this agreement electing payments, I understand that I agree to make payments based on the schedule outlined below. A late fee of \$25 applies to all payments made on the "late on" date. I understand that if I fail to make payments by the "late on" date, my student may be denied attendance in the program until tuition payments are current.

This tuition agreement contains the entire agreement between the parties relating to the subject matter of this agreement. Any amendments, agreements, representations, modifications or conditions must be made in writing and signed by the school in order to be valid. Verbal arrangements, explanations, or representations are not sufficient to alter the terms of this agreement.

Installment	Amount	Due on	Late on
Registration Fee	\$75	Enrollment	
Deposit	\$590	Enrollment	
#1	\$590	August 8	August 14
#2	\$590	September 1	September 7
#3	\$590	October 2	October 6
#4	\$590	November 1	November 7
#5	\$590	December 1	December 7
#6	\$590	January 8	January 12
#7	\$590	February 1	February 7
#8	\$590	March 1	March 7
#9	\$590	April 2	April 6

Please initial each statement of understanding.

_____ I understand a late fee of \$25 will be assessed if my payment is not received before the "late on" date.

_____ I understand that fees for lunch, before and after care, and late pickup fees are in addition to annual tuition amounts.

Responsible Party Information:

Student Name: _____

Responsibility Party Name: _____

Social Security Number: _____

Address: _____

City, State and Zip: _____

Primary Phone: _____ Alt. Phone: _____

E-mail: _____

Signature of person responsible for payment

Date

Printed name

Jefferson Traditional Beginnings 2017-2018

Five Day/Half-Day Tuition Installment Agreement

The Preschool Tuition for five day/half-day is \$3,200 for the 2017–2018 school year. It is due on the first day of school.

A non-refundable registration fee of \$75 is due immediately upon registration. A non-refundable 10% deposit of \$320 is due immediately upon registration. The 10% deposit represents a prepayment of tuition that will apply as the FINAL 10% of tuition due.

Tuition for this program is due on the first day of school. Do not complete this agreement if you intend to pay your entire tuition by the first day of school.

By signing this agreement electing payments, I understand that I agree to make payments based on the schedule outlined below. A late fee of \$25 applies to all payments made on the “late on” date. I understand that if I fail to make payments by the “late on” date, my student may be denied attendance in the program until tuition payments are current.

This tuition agreement contains the entire agreement between the parties relating to the subject matter of this agreement. Any amendments, agreements, representations, modifications or conditions must be made in writing and signed by the school in order to be valid. Verbal arrangements, explanations, or representations are not sufficient to alter the terms of this agreement.

Installment	Amount	Due on	Late on
Registration Fee	\$75	Enrollment	
Deposit	\$320	Enrollment	
#1	\$320	August 8	August 14
#2	\$320	September 1	September 7
#3	\$320	October 2	October 6
#4	\$320	November 1	November 7
#5	\$320	December 1	December 7
#6	\$320	January 8	January 12
#7	\$320	February 1	February 7
#8	\$320	March 1	March 7
#9	\$320	April 2	April 6

Please initial each statement of understanding.

_____ I understand a late fee of \$25 will be assessed if my payment is not received before the “late on” date.

_____ I understand that fees for lunch, before and after care, and late pickup fees are in addition to annual tuition amounts.

Responsible Party Information:

Student Name: _____

Responsibility Party Name: _____

Social Security Number: _____

Address: _____

City, State and Zip: _____

Primary Phone: _____ Alt. Phone: _____

E-mail: _____

Signature of person responsible for payment

Date

Printed name

Jefferson Traditional Beginnings 2017-2018 Three Day/Full-Day Tuition Installment Agreement

The Preschool Tuition for three day/full-day is \$3,800 for the 2017–2018 school year. It is due on the first day of school.

A non-refundable registration fee of \$75 is due immediately upon registration. A non-refundable 10% deposit of \$380 is due immediately upon registration. The 10% deposit represents a prepayment of tuition that will apply as the FINAL 10% of tuition due.

Tuition for this program is due on the first day of school. Do not complete this agreement if you intend to pay your entire tuition by the first day of school.

By signing this agreement electing payments, I understand that I agree to make payments based on the schedule outlined below. A late fee of \$25 applies to all payments made on the “late on” date. I understand that if I fail to make payments by the “late on” date, my student may be denied attendance in the program until tuition payments are current.

This tuition agreement contains the entire agreement between the parties relating to the subject matter of this agreement. Any amendments, agreements, representations, modifications or conditions must be made in writing and signed by the school in order to be valid. Verbal arrangements, explanations, or representations are not sufficient to alter the terms of this agreement.

Installment	Amount	Due on	Late on
Registration Fee	\$75	Enrollment	
Deposit	\$380	Enrollment	
#1	\$380	August 8	August 14
#2	\$380	September 1	September 7
#3	\$380	October 2	October 6
#4	\$380	November 1	November 7
#5	\$380	December 1	December 7
#6	\$380	January 8	January 12
#7	\$380	February 1	February 7
#8	\$380	March 1	March 7
#9	\$380	April 2	April 6

Please initial each statement of understanding.

_____ I understand a late fee of \$25 will be assessed if my payment is not received before the “late on” date.

_____ I understand that fees for lunch, before and after care, and late pickup fees are in addition to annual tuition amounts.

Responsible Party Information:

Student Name: _____

Responsibility Party Name: _____

Social Security Number: _____

Address: _____

City, State and Zip: _____

Primary Phone: _____ Alt. Phone: _____

E-mail: _____

Signature of person responsible for payment

Date

Printed name

Jefferson Traditional Beginnings 2017-2018

Three Day/Half-Day Tuition Installment Agreement

The Preschool Tuition for three day/half-day is \$2,300 for the 2017–2018 school year. It is due on the first day of school.

A non-refundable registration fee of \$75 is due immediately upon registration. A non-refundable 10% deposit of \$230 is due immediately upon registration. The 10% deposit represents a prepayment of tuition that will apply as the FINAL 10% of tuition due.

Tuition for this program is due on the first day of school. Do not complete this agreement if you intend to pay your entire tuition by the first day of school.

By signing this agreement electing payments, I understand that I agree to make payments based on the schedule outlined below. A late fee of \$25 applies to all payments made on the “late on” date. I understand that if I fail to make payments by the “late on” date, my student may be denied attendance in the program until tuition payments are current.

This tuition agreement contains the entire agreement between the parties relating to the subject matter of this agreement. Any amendments, agreements, representations, modifications or conditions must be made in writing and signed by the school in order to be valid. Verbal arrangements, explanations, or representations are not sufficient to alter the terms of this agreement.

Installment	Amount	Due on	Late on
Registration Fee	\$75	Enrollment	
Deposit	\$230	Enrollment	
#1	\$230	August 8	August 14
#2	\$230	September 1	September 7
#3	\$230	October 2	October 6
#4	\$230	November 1	November 7
#5	\$230	December 1	December 7
#6	\$230	January 8	January 12
#7	\$230	February 1	February 7
#8	\$230	March 1	March 7
#9	\$230	April 2	April 6

Please initial each statement of understanding.

_____ I understand a late fee of \$25 will be assessed if my payment is not received before the “late on” date.

_____ I understand that fees for lunch, before and after care, and late pickup fees are in addition to annual tuition amounts.

Responsible Party Information:

Student Name: _____

Responsibility Party Name: _____

Social Security Number: _____

Address: _____

City, State and Zip: _____

Primary Phone: _____ Alt. Phone: _____

E-mail: _____

Signature of person responsible for payment

Date

Printed name

Jefferson Traditional Beginnings 2017-2018

Two Day/Full-Day Tuition Installment Agreement

The Preschool Tuition for two day/full-day is \$3,000.00 for the 2017–2018 school year. It is due on the first day of school.

A non-refundable registration fee of \$75 is due immediately upon registration. A non-refundable 10% deposit of \$300 is due immediately upon registration. The 10% deposit represents a prepayment of tuition that will apply as the FINAL 10% of tuition due.

Tuition for this program is due on the first day of school. Do not complete this agreement if you intend to pay your entire tuition by the first day of school.

By signing this agreement electing payments, I understand that I agree to make payments based on the schedule outlined below. A late fee of \$25 applies to all payments made on the “late on” date. I understand that if I fail to make payments by the “late on” date, my student may be denied attendance in the program until tuition payments are current.

This tuition agreement contains the entire agreement between the parties relating to the subject matter of this agreement. Any amendments, agreements, representations, modifications or conditions must be made in writing and signed by the school in order to be valid. Verbal arrangements, explanations, or representations are not sufficient to alter the terms of this agreement.

Installment	Amount	Due on	Late on
Registration Fee	\$75	Enrollment	
Deposit	\$300	Enrollment	
#1	\$300	August 8	August 14
#2	\$300	September 1	September 7
#3	\$300	October 2	October 6
#4	\$300	November 1	November 7
#5	\$300	December 1	December 7
#6	\$300	January 8	January 12
#7	\$300	February 1	February 7
#8	\$300	March 1	March 7
#9	\$300	April 2	April 6

Please initial each statement of understanding.

_____ I understand a late fee of \$25 will be assessed if my payment is not received before the “late on” date.

_____ I understand that fees for lunch, before and after care, and late pickup fees are in addition to annual tuition amounts.

Responsible Party Information:

Student Name: _____

Responsibility Party Name: _____

Social Security Number: _____

Address: _____

City, State and Zip: _____

Primary Phone: _____ Alt. Phone: _____

E-mail: _____

Signature of person responsible for payment

Date

Printed name

Jefferson Traditional Beginnings 2017-2018

Two Day/Half-Day Tuition Installment Agreement

The Preschool Tuition for two day/half-day is \$1,900.00 for the 2017–2018 school year. It is due on the first day of school.

A non-refundable registration fee of \$75 is due immediately upon registration. A non-refundable 10% deposit of \$190 is due immediately upon registration. The 10% deposit represents a prepayment of tuition that will apply as the FINAL 10% of tuition due.

Tuition for this program is due on the first day of school. Do not complete this agreement if you intend to pay your entire tuition by the first day of school.

By signing this agreement electing payments, I understand that I agree to make payments based on the schedule outlined below. A late fee of \$25 applies to all payments made on the “late on” date. I understand that if I fail to make payments by the “late on” date, my student may be denied attendance in the program until tuition payments are current.

This tuition agreement contains the entire agreement between the parties relating to the subject matter of this agreement. Any amendments, agreements, representations, modifications or conditions must be made in writing and signed by the school in order to be valid. Verbal arrangements, explanations, or representations are not sufficient to alter the terms of this agreement.

Installment	Amount	Due on	Late on
Registration Fee	\$75	Enrollment	
Deposit	\$190	Enrollment	
#1	\$190	August 8	August 14
#2	\$190	September 1	September 7
#3	\$190	October 2	October 6
#4	\$190	November 1	November 7
#5	\$190	December 1	December 7
#6	\$190	January 8	January 12
#7	\$190	February 1	February 7
#8	\$190	March 1	March 7
#9	\$190	April 2	April 6

Please initial each statement of understanding.

_____ I understand a late fee of \$25 will be assessed if my payment is not received before the “late on” date.

_____ I understand that fees for lunch, before and after care, and late pickup fees are in addition to annual tuition amounts.

Responsible Party Information:

Student Name: _____

Responsibility Party Name: _____

Social Security Number: _____

Address: _____

City, State and Zip: _____

Primary Phone: _____ Alt. Phone: _____

E-mail: _____

Signature of person responsible for payment

Date

Printed name

Media Release

I hereby agree and give my permission for Jefferson Traditional Beginnings, to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Jefferson Traditional Beginnings, including, without limitation, for posting on the Jefferson Traditional Beginnings website and/or for distribution in print or broadcast media. I hereby further agree that Jefferson Traditional Beginnings is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Jefferson Traditional Beginnings shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Jefferson Traditional Beginnings to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Jefferson Traditional Beginnings, including without limitation, in all manner and media, as Jefferson Traditional Beginnings determines in their sole discretion. I also understand that Jefferson Traditional Beginnings shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Jefferson Traditional Beginnings shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Jefferson Traditional Beginnings and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

Choose One Option:

- I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge and acceptance of its significance.
- I am declining permission for use of my child's work or image for any and all media.
- I agree to this media release with the exception of any or all websites.

Student (Please Print) _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Health Office Release

- Adams Traditional Beginnings will administer the following procedures as necessary. With this knowledge I hereby give consent for my child to receive the following (check all that apply) medications.

___ Bandages (non-latex)

___ Ice Pack

- Bring the medication to your children's teacher in the original packaging from the pharmacist. This includes Epi-pens and any other prescriptions. Epi-pens **MUST** be stored on campus in the original box it was presented in with all labeling visible and accurate to your child. The Epi-pen itself must also have a prescribed label on it.
- If you are providing any over-the-counter medication for allergies, coughs, etc., it **MUST** specifically be stated for the use of children 3, 4 or 5. **MOST** over-the-counter medication for children states "if a child is 3 or younger, use with the advise of a physician". **IF** this is on the medication you are providing, **IT MUST BE ACCOMPANIED** with the doctor's orders for use. If you do not provide written doctor instructions, we can **NOT** keep it on campus.

Child's Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

**Before and After Care Registration
Student Information**

(Circle One)
Student Name: _____ Date of Birth: _____ Age _____ Male / Female
Student Name: _____ Date of Birth: _____ Age _____ Male / Female
Student Name: _____ Date of Birth: _____ Age _____ Male / Female
Student Name: _____ Date of Birth: _____ Age _____ Male / Female
Address: _____ City _____ State _____ Zip _____

Parent Contact Information

Mother/Guardian: _____ Phone: _____
E-mail: _____ Alt. Phone: _____
Father/Guardian: _____ Phone: _____
E-mail: _____ Alt. Phone: _____

Authorized Adults—Must be listed on Emergency Blue card.

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____
Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Please tell us about any special needs or important information regarding your child(ren).

Before and After Care Registration

The non-refundable registration fee is \$50.00 per child. No discounts are given on the registration fee.

Hours & Fees

With the exception of school holidays, the Before and After Care Program is open Monday through Friday. Before Care hours are from 6:30 a.m. to 7:45 a.m. After Care hours are from 3:15 p.m. to 6:00 p.m. (closed all school holidays).

Before Care Fees—1st Child (no discount)

\$100.00 per month regardless of time attended
\$60.00 for two consecutive weeks
\$40.00 for one week of service
\$10.00 daily rate

Before Care Fees— Each additional child (discount)

\$90.00 per month regardless of time attended
\$54.00 for two consecutive weeks
\$36.00 for one week of service
\$9.00 daily rate

*Payment for before care is due in **advance**. Please refer to page 3 of the handbook for complete schedule of fees.

After Care Fees —1st Child (no discount)

Hour Block 1 1 to 60 minutes \$6.00 per day
Hour Block 2 61 to 120 minutes \$10.00 per day
Hour Block 3 121 to 165 minutes \$12.00 per day

After Care Fees—Each additional child (discount)

Hour Block 1 1 to 60 minutes \$5.40 per day
Hour Block 2 61 to 120 minutes \$9.00 per day
Hour Block 3 121 to 165 minutes \$10.80 per day

***Fees are due in advance of services.** Payments are due in **advance** each Monday for the upcoming week. Any payment received after close of business day on Wednesday will be considered late and a \$10.00 late fee will be assessed. All fees must be paid prior to your child returning to the program. This balance carries forward and prevents your child, and his or her siblings, from participating in extra-curricular programs. Please refer to page 3 of the handbook for a complete schedule of fees.

A statement will be sent home each Monday reflecting charges for your child’s participation in the program. If a balance is owed on the statement, payment is due immediately before your child can return to the Before and After Care Program. If you would like your weekly statements e-mailed please elect below.

_____ **Yes, I would like my Before and After Care statements e-mailed to** _____

Payment may be paid at the school by cash, check, or money order. Fees should be made payable to Jefferson Traditional Beginnings or JTB. Payment can be made to either the front desk or in the payment drop box located in the front office. Credit card payments may be made online via our website at JTBChoice.org or www.choiceacademiespayonline.org.

Please initial each statement of understanding:

_____ I understand that the registration fee is non-refundable and no discounts are given.

_____ I understand the fee schedule and when payment is due.

_____ I understand the late pick-up fee is \$5.00 in addition to \$1.00 per minute that the child is in the program past 6:00 p.m.

I have read the above program information and payment policies and agree to abide by them.

Signature: _____

Date: _____