



THE MARGAUX EARLY CHILDHOOD SCHOOL AT TEMPLE JUDEA

5500 Granada Blvd.
Coral Gables, FL 33146
305-667-9470

MARGAUX
early childhood school
at Temple Judea

REGISTRATION FOR JANUARY 2018/5778

<u>Parent/Guardian 1 Information</u>	<u>Parent/Guardian 2 Information</u>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:
Occupation:	Occupation:
Employer:	Employer:
Email Address:	Email Address:
Religious Affiliation:	Religious Affiliation:

<u>Child 1 Information</u>
Student's Name: _____
Date of Birth: _____ Gender: _____ Age as of January 1, 2018: _____
Was your child born premature? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, please indicate by how many weeks _____
<i>We use our best professional judgment and experience in assigning your child to his or her classroom. We take many criteria into account when making this placement, including but not limited to; your child's gender, age, compatibility with students, previous teacher recommendations as well as the class size. When possible, we like to have a balance of children having their first school experience with more seasoned schoolchildren. Requests for your child to be placed with a friend will be considered, however, we will not accept requests for teachers. Your child's final school placement is at the sole discretion of the administration of The Margaux Early Childhood School. There will be no changes made prior to the school start date.</i>

<u>Child 2 Information</u>
Student's Name: _____
Date of Birth: _____ Gender: _____ Age as of January 1, 2018: _____
Was your child born premature? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, please indicate by how many weeks _____

Programs (limited availability 18 mths-2yrs)		Paid by Credit Card	Paid by Check/ ACH/ Bill Pay
5 day	Temple Member School Fee	\$4615	\$4480
3 day or ½ day	Temple Member School Fee	\$3540	\$3435
5 day	Non-Member School Fee	\$6515	\$6325
3 day or ½ day	Non-Member School Fee	\$4615	\$4480

Tuition is due: December 1, 2017

<u>Payment Calculation</u>	
Tuition Payment:	\$ _____
Registration Fee (\$300 Non-Refundable)	\$ _____
Security Fee (\$225 due with tuition payment) *Non Members only	\$ _____
Total:	\$ _____

<u>Payment Method</u>			
<input type="checkbox"/> Check Number _____	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> ACH	<input type="checkbox"/> Credit Card
<u>Credit Card</u>			
Name (as it appears on credit card): _____			
Billing Address: _____			
Credit Card Number: _____ Expiration Date: _____ CVV Code: _____			
I understand that a sufficient balance must be maintained to cover this debit obligation. I understand that if sufficient funds are not available, my account will be directly debited \$25 for each pre-authorized debit that could not be processed.			
Signature: _____ Date: _____			

1. **Temple Member Rate:** To qualify for the Temple Member Rate, families must have a **current** membership in **Torah Circle, Chai, Family, or Single Parent membership categories**. Members receive a tuition discount and 10% sibling discount if they have more than one child enrolled in the Margaux Early Childhood School..
2. **Security Fee:** Non-Temple Members must pay a one-time, **non-refundable** \$225 fee which is due with registration forms for the security provided during operating hours. Note that this fee is collected from Temple Members at the time of payment of membership dues.
3. **Late Pick-up Fees:** If a child is enrolled for the regular school day - 8:30 am – 2:45 pm, children need to be picked up by 3:00 pm. At 3:00 pm all students who are still at school will be taken to the Extended Day classroom. At 3:15 pm attendance in Extended Day is taken and students who are present and not enrolled in Extended Day will be billed at the daily rate of \$35. Late pick up (after 6:00 pm) will result in a \$25 fee for every five minutes until the parent or caregiver arrives.

The Margaux Early Childhood School at Temple Judea

Mandatory Financial Payment Form

As part of our registration process it is required that you agree to keep a credit card on file. You will be held responsible for tuition for the school year unless written notice of cancellation is received before July 1st,. Charges will not be refunded or prorated if the child is absent or otherwise fails to attend after school opens. Tuition payments are due, as per the attached schedule, and must be paid promptly. The Margaux School reserves the right to disallow a child to attend school until their financial obligation is brought current. We also reserve the right to refuse registration for additional programs offered to those whose accounts are not in good standing.

All Families in the Margaux Early Childhood School at Temple Judea are required to have a valid credit card on file.

Tuition Payment: In the event that payment is not received by payment plan due date, a charge will be processed on your credit card on the 25th of the month. This will process automatically without additional notification.

Extended Day & Before Care Payment: In the event that payment is not received on time, a charge will be processed on your credit card on the 25th of the month. This will process automatically without additional notification.

All Other Outstanding Payments: In the event that your Margaux School account has an outstanding balance that is 30 days past due, a charge will be processed on your credit card on the 25th of the next month. This will process automatically without additional notification.

Use of card on file: if you would like to use the card on file for a additional payment to Temple Judea this should be indicated in writing or by email for each desired charge.

In the event your card is compromised changed or expired it is your responsibility to provide the Margaux School with a new card to avoid additional charges.

Children's Names: 1. _____ 2. _____

CREDIT CARD AUTHORIZATION AGREEMENT

Please print as it appears on your credit card:

Name: _____

Home Phone: _____ Cell: _____ Work: _____

Billing Address: _____ City: _____ State: _____ Zip: _____
 Visa MasterCard Card must be valid through July 1, 2018

Credit Card #: _____ EXP. ____ / ____ CVV CODE: _____

Signature (Required) _____ **Date:** _____