



**JOSEPH AND CORINNE SCHWARTZ PRE-SCHOOL AT BETH ISRAEL  
ENROLLMENT FORM 2009 - 2010  
3706 Crondall Lane, Owings Mills, MD 21117**

Child's Last Name      First      Middle      Hebrew Name      M or F      Nick Name if Preferred

Street Address      Zip Code      Home Telephone

Date of Birth (month, day, year)      Father's Name      Mother's Name

Child's previous pre-school experience \_\_\_\_\_

**CHECK DESIRED PROGRAM – CIRCLE DESIRED DAYS**

**Please Note! Classes are subject to new state age requirements.**

<b>2-3 YEAR OLDS (TWO BY SEPTEMBER 1<sup>ST</sup>)</b>					
2 DAY – 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
3 DAY – MON/WED/FRI 9:00 – 12 NOON					
4 OR 5 DAY MORNINGS 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
EXTENDED DAY OPTION 12 NOON - 3:30 PM	MON	TUE	WED	THU	FRI
LUNCH OPTION 12 NOON - 1:00 PM	MON	TUE	WED	THU	FRI

<b>3-4 YEAR OLDS (THREE BY SEPTEMBER 1<sup>ST</sup>)</b>					
3 DAY M/W/F MORNINGS 9:00 – 12 NOON					
4 OR 5 DAY MORNINGS 9:00 – 12 NOON	MON	TUE	WED	THU	FRI
EXTENDED DAY OPTION 12 NOON - 3:30PM	MON	TUE	WED	THU	FRI
LUNCH OPTION 12 NOON - 1:00 PM	MON	TUE	WED	THU	FRI

<b>PRE-KINDERGARTEN (FOUR BY SEPTEMBER 1<sup>ST</sup>)</b>					
5 DAY MORNINGS 9:00 – 12 NOON					
EXTENDED DAY OPTION 12 NOON - 3:30PM	MON	TUE	WED	THU	FRI
LUNCH OPTION 12 NOON - 1:00 PM	MON	TUE	WED	THU	FRI

<b>K-5 (GESHER PROGRAM) (FIVE BY 1/11/10)</b>	
5 DAY 9:00 – 3:30 PM	

<b>KINDERGARTEN (FIVE BY SEPTEMBER 1<sup>ST</sup>)</b>	
5 DAY 9:00 – 3:30 PM	

**BEFORE AND AFTER SCHOOL CARE**

Before School Program 7:00 - 9:00 AM (Monday – Friday)

After School Program 3:30 - 6:00 PM (Monday – Friday)

- Rate is based on half hour or hourly blocks of time.
- Your child may arrive or be picked up any time within the block of time for which they are registered.
- Using before/after school care on a drop-off basis can only be done if space is available. Check with the preschool office on availability.

To register, note days and times:

Before School \_\_\_\_\_

After School \_\_\_\_\_

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**FAMILY INFORMATION**Member of Beth Israel? (check one) 

Yes	No
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Other synagogue affiliation? \_\_\_\_\_

Child lives with (check one) 

Both parents	Mother Only	Father Only	Shared custody
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Names and ages of other children in family: \_\_\_\_\_

**FATHER'S INFORMATION**\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Home Address if different from above\_\_\_\_\_  
Occupation Business Phone\_\_\_\_\_  
Employer Business Phone\_\_\_\_\_  
Business Address\_\_\_\_\_  
Cell number Beeper number\_\_\_\_\_  
Email**MOTHER'S INFORMATION**\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Home Address if different from above\_\_\_\_\_  
Occupation Business Phone\_\_\_\_\_  
Employer Business Phone\_\_\_\_\_  
Business Address\_\_\_\_\_  
Cell number Beeper number\_\_\_\_\_  
Email**Billing information, if different from above:**

Name	
Address	
City/State Zip	
Phone Number	
Relation to Parents	

**FOR IDENTIFICATION PURPOSES ONLY, WE REQUIRE A PHOTOCOPY OF YOUR DRIVER'S LICENSE(S) ALONG WITH THIS COMPLETED APPLICATION**

Date: \_\_\_\_\_

2009– 2010 School Year

I/We hereby enroll my/our child/ren, \_\_\_\_\_, in the Joseph and Corrine Schwartz Pre-School at Beth Israel (“JCSPS”) for the school year indicated above. I/We acknowledge payment terms of either being paid in FULL by September 1<sup>st</sup> or paying by installments via FACTS Tuition Management System, which is made a part of this contract, and agree to make payments in accordance with the dates and amounts set forth in their program. I/We agree that if I/we fail to make payments in accordance with the schedule, JCSPS reserves the right to discontinue providing services to my/our child/ren. JCSPS may, in its sole and absolute discretion, permit my/our child/ren to continue in the school program upon satisfaction of all overdue balances.

I/We understand that in certain circumstances it may be necessary for JCSPS to discontinue a child’s attendance in the school. JCSPS will consider the best interests of that child, other children, the staff, and the school in making such a decision. Reasons to terminate enrollment and this contract include, but are not limited to, non-payment of tuition; abuse of other children, staff, or property; disruptive or dangerous behavior; or continued violation of the school’s rules and policies.

I/We understand that JCSPS has a limited number of spaces for children in the school. Full payment of all amounts due pursuant to this contract is required irrespective of whether my/our child/ren actually attend. In consideration of the enrollment of my/our child/ren, I/we agree that this contract represents a commitment for one year and that I/we cannot terminate this contract during its term, except in circumstances mutually agreeable to JCSPS and us.

In the event this matter is referred to an attorney for collection of amounts due under this contract, I/we agree to be responsible for all costs of collection including but not limited to court costs and reasonable attorney’s fees.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME

If a person other than parent is responsible for the Pre-School tuition, please sign below.  
I agree to be jointly responsible to JCSPS for all tuition, fees and other expenses due as a result of the child/ren enrollment at JCSPS.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form must be signed by all responsible parties for registration(s) to be processed.**