

# TORAH TOTS PRESCHOOL

**30804 S. Coast Highway, Laguna Beach, Ca. 92651**

**Tel. # (949) 499 - 0770 Fax. # (949) 499 - 3947 [www.chabadoflaguna.com](http://www.chabadoflaguna.com)**

March 12, 2009

Dear Parents:

Enclosed please find the 2009 - 2010 enrollment packet for Torah Tots Preschool. We appreciate your interest in our school, and we look forward to a successful and long term relationship with your family.

Torah Tots Preschool offers a warm, creative Jewish environment, where children are exposed to a developmentally appropriate program that meets their needs intellectually, emotionally, socially, and spiritually.

This is a non-profit school, licensed by the State of California, Department of Social Services. Parents are kept informed of our happenings through newsletters sent home and through parent conferences with the director and staff.

We are very proud of our students and our program. Having a dual curriculum affords the opportunity to teach high level thinking skills, moral values, and achieve an integration of learning.

To assist us with planning for this coming year, we ask that you please return the completed packet with forms, registration, and tuition checks by April 24th. Please refer to your enclosed Fee Schedule for registration and tuition prices.

If you have any questions, please feel free to call the school office at (949) 499 - 0770.

Sincerely yours,

Perel Goorevitch  
Torah Tots Preschool  
RL:pg

# TORAH TOTS PRESCHOOL ENROLLMENT CONTRACT

I hereby accept the place at the Torah Tots Preschool reserved for the school year beginning in September, 2009.

Student name \_\_\_\_\_

Name of person financially responsible  
\_\_\_\_\_

## 1. FEES AND PAYMENT

Registration fee is due in full at the time of registration. The undersigned agrees to pay the required fees specified below:

TUITION FEE \$ \_\_\_\_\_

REGISTRATION FEE \$ \_\_\_\_\_

I understand that the above listed fees do not include incidental expenses through the year.

## 2. PAYMENT PLAN

A. In full - August 1, 2009

B. Three payments spaced throughout the school year: 1/3 due August 1, 2009, 1/3 due December 1, 2009, 1/3 due April 1, 2010

C. Monthly: Ten postdated checks dated the 1<sup>st</sup> of each month - The checks must be received by August 1, 2009.

## 3. DEFAULT AND ACCELERATION CLAUSE

All payments not received by the first of the month shall be in default. A 2% late fee will be

added to all payments received after the 10<sup>th</sup> of the month.

## 4. CANCELLATION

This contract may be canceled by the Torah Tots Preschool receiving from the undersigned a written notice of cancellation no later than September 30, 2009. If such cancellation is received, the undersigned agrees to pay fully for that current month plus one additional month of tuition.

THE UNDERSIGNED AGREES THAT THEY ARE RESPONSIBLE FOR FULL TUITION.

## 5. RULES AND REGULATIONS

I agree to accept the rules and regulations set forth by the Torah Tots School. I agree that my child may participate in all school activities, including any school trip away from the school site, unless the school receives written notice to the contrary. I give permission for my child to be photographed for purposed of school advertising, for example in newspapers, magazines, school brochures, etc.

SIGNED \_\_\_\_\_

Signature of parent or guardian who is financially responsible for student.

DATE \_\_\_\_\_

ACCEPTED - TORAH TOTS PRESCHOOL

DATE \_\_\_\_\_ BY \_\_\_\_\_

## TORAH TOTS PRESCHOOL FEE SCHEDULE 2009 - 2010

Non refundable registration fee: \$100.00

Monthly Fee is as follows:

School Day 9:00 – 1:00 p.m.

2 Days per week - \$300.00

4 Days per week - \$470.00

3 Days per week - \$375.00

5Days per week - \$550.00

PLEASE BRING/PICK UP YOUR CHILDREN PROMPTLY. TARDINESS DISTURBS THE SCHEDULE OF THE DAY FOR YOUR CHILD, OTHER CHILDREN, AND THE SCHOOL STAFF. LATE FEE OF \$5.00 PER HALF HOUR WILL BE CHARGED FOR TARDY PICK UP.

# TORAH TOTS PRESCHOOL - ENROLLMENT CARD

Date \_\_\_\_\_ Name of Student \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
E Mail \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell/Pager (Father) \_\_\_\_\_ Cell/Pager (Mother) \_\_\_\_\_  
Fathers Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Mothers Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address & Phone# ( Father) \_\_\_\_\_  
Business Address & Phone # (Mother) \_\_\_\_\_

IF UNABLE TO REACH PARENTS IN CASE OF AN EMERGENCY, PLEASE CALL

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_ Hospital \_\_\_\_\_

## AUTHORIZATION TO TREAT A MINOR

We, the undersigned parents or legal guardians of \_\_\_\_\_, a minor, do hereby authorize and consent for any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it given to provide authority and power to tender care when the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment in the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of the State of California. The signing of this release only gives Torah Tots Preschool and agents thereof, the right to consent for treatment of minors. It does not release signee of liability from medical cost arising from said treatment. Torah Tots Preschool does not assume liability of said cost and is not liable for any complications arising from said treatment. This consent shall remain effective until June 25, 2010.

**AUTHORIZE IF NECESSARY TO GIVE TYLENOL** Yes \_\_\_ No \_\_\_  
LAST TETANUS BOOSTER \_\_\_\_\_ ALLERGIES TO FOODS or DRUGS \_\_\_\_\_  
ASTHMA \_\_\_\_\_ ANY MEDICATION STUDENT IS REQUIRED TO TAKE DURING SCHOOL DAY \_\_\_\_\_

## ADMISSION AGREEMENT

**Attendance Schedule (Please Check) School Day (9:00 - 1:00 p.m.)**

**Monday** \_\_\_ **Tuesday** \_\_\_ **Wednesday** \_\_\_ **Thursday** \_\_\_ **Friday** \_\_\_

**PARENT SIGNATURES** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIRECTOR SIGNATURE** \_\_\_\_\_

# TORAH TOTS PRESCHOOL – CHABAD JEWISH CENTER

## CALENDAR 2009 - 2010

### **SEPTEMBER**

Wednesday 9 School begins  
Friday 18 Noon Dismissal ( Rosh Hashona begins eve. )  
Monday 28 Yom Kippur – School Closed

### **OCTOBER**

School Pictures (to be announced)

### **NOVEMBER**

Wednesday 11 Veterans Day – School Closed  
Thursday 26 / 27 Thanksgiving Vacation – School Closed

### **DECEMBER**

Monday 7 Parent Conference Week  
Monday 21 Winter Break begins

### **JANUARY**

Monday 4 School Resumes  
Monday 18 Martin Luther King Day – School Closed

### **FEBRUARY**

Monday 15 Presidents Day - School Closed

### **MARCH**

Monday 29 Passover/Spring Break Begins

### **APRIL**

Monday 12 School Resumes

### **MAY**

Wed. 19 / Thurs. 20 Shavuot Holiday – School Closed  
(Ice Cream Party/Ten Commandments)  
Monday 31 Memorial Day – School Closed

### **JUNE**

Wednesday 16 Last Day of School – Noon Dismissal  
Graduation presentation – 4:30 p.m.

This is a tentative calendar. You will be informed of any changes throughout the year.