

# TORAH TOTS PRESCHOOL <sup>ב"ה</sup>

*30804 S. COAST HIGHWAY, LAGUNA BEACH, CA. 92651*  
*TEL. # (949) 499 - 0770 \* FAX. # (949) 499 - 3947 \* WWW.CHABADOFLAGUNA.COM*

April 14, 2010

Dear Parents:

Enclosed please find the 2010 - 2011 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 June 1<sup>st</sup>. Please refer to the 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

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## ENROLLMENT CONTRACT

I hereby accept the place at the Torah Tots Preschool reserved for the school year beginning in September, 2010.

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, 2010

B. Three payments spaced throughout the school year: 1/3 due August 1, 2010, 1/3 due December 1, 2010, 1/3 due April 1, 2011

C. Monthly: Ten postdated checks dated the 1<sup>st</sup> of each month - The checks must be received by August 1, 2010.

### 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, 2010. 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 2010 - 2011**

**Non refundable registration fee: \$100.00**

**Monthly fee is as follows: School Day 9:00 – 1:00 pm**

*2 Days PER WEEK - \$340.00  
3 DAYS PER WEEK - \$390.00  
4 Days PER WEEK - \$500.00  
5 DAYS PER WEEK - \$580.00*

**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.**

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## 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, 2011.

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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 DIRECTOR SIGNATURE \_\_\_\_\_

\*Please note: Admission to Chabad Preschool does not reserve admission to Chabad Hebrew School \*

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## TORAH TOTS PRESCHOOL – CHABAD JEWISH CENTER CALENDAR 2010 – 2011

### SEPTEMBER

Wednesday 8	School begins
Friday 10	Rosh Hashonah – School Closed
Friday 17	Yom Kippur – School Closed
Friday 24	Sukkot – School Closed

### OCTOBER

Friday 1	Simchat Torah – School Closed
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### NOVEMBER

Friday 26	Thanksgiving – School Closed
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### DECEMBER

#### CHANUKAH AT THE BEACH – SUNDAY, DEC. 5TH

Monday 6	Parent Conference Week
Monday 20	Winter Break Begins

### JANUARY

Monday 3	School Resumes
Monday 17	Martin Luther King Day- School Closed

### FEBRUARY

Monday 21	Presidents Day – School Closed
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### APRIL

Monday 18	Passover/Spring Break Begins
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### MAY

Monday 2	School Resumes
Monday 30	Memorial Day – School Closed

### JUNE

Wednesday 8	Shavuot Holiday – School Closed
Wednesday 22	Last Day of School – Noon Dismissal Graduation presentation – 4:30p.m.

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

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## Earthquake Packet Information

Dear Parents:

In the event of a major earthquake, (G-d forbid), in which your child would be at school, it is our responsibility as mandated by the State of California, to be able to care for the children for at least 24 hours.

Our building is supplied with first aid packs, water, and safety equipment, but we ask that you please send in the following items, in a labeled bag, to keep in our classroom:

- \* Two small self opening cans of tuna (or any other non perishable/easy open food items your child is fond of
- \* Dried fruits or fruit rolls, boxes of raisins
- \* Two granola bars
- \* Two six oz. pop top cans of fruit juice

If you would like to include a family picture, please do so as well. In addition, please include any medication your child would need in a 24 hour period. (with explicit directions and signed permission)

Thank you for your cooperation.

Perel Goorevitch  
Torah Tots Director

## **Mandatory State Forms below must be completed for Preschool admission**

Personal rights - Child Care Facilities: <http://chabadoflaguna.com/media/pdf/222/Kayo2228997.pdf>

Centers of family child care homes - Identification and Emergency info child care centers

<http://chabadoflaguna.com/media/pdf/222/UDIM2228998.pdf>

Physician's report - child care centers (child's pre-admission health evaluation):

<http://chabadoflaguna.com/media/pdf/222/INsm2228999.pdf>

Child's pre-admission health history parent's report: <http://chabadoflaguna.com/media/pdf/222/NSgX2229000.pdf>

Child care center - Notification of parent's rights: <http://chabadoflaguna.com/media/pdf/222/svWO2229004.pdf>