

TORAH TOTS PRESCHOOL

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

Tel. # (949) 499 - 0770 Fax. # (949) 499 - 3947

www.chabadoflaguna.com

April 5th, 2013

Dear Parents:

Enclosed please find the 2013- 2014 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.

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, 2013.

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, 2013

B. Three payments spaced throughout the school year: 1/3 due August 1, 2013, 1/3 due December 1, 2013, 1/3 due April 1, 2014

C. Monthly: Ten postdated checks dated the 1st of each month - The checks must be received by August 1, 2013.

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 10th 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, 2013. 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 purposes of school advertising, for example in newspapers, magazines, school brochures, etc. **I further understand that enrollment in Chabad Preschool does not ensure placement in Chabad Religious/Hebrew School.**

SIGNED _____

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

DATE _____

ACCEPTED - TORAH TOTS PRESCHOOL

DATE _____ BY _____

TORAH TOTS PRESCHOOL FEE SCHEDULE 2013 - 2014

Non refundable registration fee: \$100.00

Monthly Fee is as follows:

School Day 9:00 – 1:00 p.m.

2 Days per week - \$340.00

4 Days per week - \$500.00

3 Days per week - \$390.00

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.

TORAH TOTS PRESCHOOL

ENROLLMENT CARD

Date _____
Name of Student _____ Address _____
City _____ Zip Code _____ EMail _____
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, 2014.

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 _____