

Office Use:
Rec'd: ___ Date _____
Deposit: _____ Ck# _____
Date Rec'd. _____
Start Date: _____

Application

2014-2015

Date: _____

Child's Full Name _____ (Nickname) _____ Date of Birth _____ Gender _____

Home Address/Street _____ City _____ State _____ Zip _____

Home Telephone _____ Child lives with (*circle one*): Both Parents Mother Father Other: _____

Applying for program:
___ Infants: (*6 weeks-17 months*) ___ Toddlers: (*18 months-2½ Yr.*) ___ Preschool/Kindergarten (*3-6 Yr.*)

Desired Days: Mon Tues Wed Thur Fri

Full Day/Half Day: _____ Extended Care 7:30-8:00am 8:00-9:00am
(*Check all that apply*) 3:30-5:30pm 5:30-6:00pm

Desired Drop Off Time: _____ Desired Pick Up Time: _____

Father's Name: _____ *First name you go by:* _____

Home Address (If Different): _____

Occupation/Profession: _____ Employed By: _____

Business Address: _____

Business Phone: _____ Cell Phone/ Pager: _____

Email Address: _____

Mother's Name: _____ *First name you go by:* _____

Home Address (If Different): _____

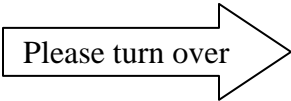
Occupation/Profession: _____ Employed By: _____

Business Address: _____

Business Phone: _____ Cell Phone/ Pager: _____

Email Address: _____

Chai Tots Early Childhood Center
7587 Central Parke Blvd. * Mason, OH 45040 * (513) 234.0600
www.ChaiTots.com



Siblings in household:

Name	Birth Date	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In what School District do you reside? _____

What specific goals do you have for your child at Chai Tots?

- 1) _____
- 2) _____
- 3) _____

Please note any health problems or allergies that your child might have that would require special attention:

What is the best manner to communicate with you in matters regarding your child?

- Email _____ Cell _____ Work _____
 Text _____ Home _____ Other _____

COMPLETED MEDICAL FORMS ARE REQUIRED BY THE STATE OF OHIO BEFORE ANY STUDENT MAY ATTEND SCHOOL.

Admission is premised upon the following:

- A non-refundable deposit of \$350
- A visit to the school by students and parents
- Parents meet with Mrs. Rochel Kalmanson and child is interviewed by teacher
- The assistance of vacancy for which, in accordance with the plan of enrollment adopted by the school, the candidate is qualified.

THE EDUCATION PROGRAM AT THE CHAI TOTS EARLY CHILDHOOD CENTER IS PROVIDED WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AND NATIONAL ORIGIN

Signature of Parent or Guardian

Date

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Tuition Payment Plan

A non-refundable deposit of \$350 is required upon registration and will be applied to final tuition payment.

Discount:

- 5% for “One Payment Plan”
- 5% for Sibling

Fees:

- \$175 (*Preschool & Kindergarten class only*)
- \$150 (*Toddler class only*)
- \$7 T-Shirt (*new students only*)

Fees are due with the first tuition payment.

Payment Plans:

Check One

- (A) ___ ONE PAYMENT PLAN: Parents agree to pay full year Tuition in full in one payment by August 29, 2014 and receive a 5% discount. Credit Card payment is not accepted for this option. Fees are included with this payment.
- (B) ___ THREE PAYMENT PLAN: Parents agree to pay Tuition in three equal payments, the first payment due by August 29, 2014, the second payment due by December 1, 2014 and the final payment due by March 1, 2015. A \$25.00 late fee will be charged for any tuition payments received after the 4th of the month. Fees will be added to first month’s installment.
- (C) ___ MONTHLY PAYMENT PLAN BY CREDIT CARD: Parents agree to pay Tuition in 10 equal payments by providing the SCHOOL a valid credit card number to be charged on the 1st day of each month beginning in September, 2014 through June, 2015. A \$25.00 late fee will be charged for any tuition payments received after the 4th of the month. Fees will be added to first month’s installment.

I, the parent of _____, have read the above Tuition Responsibility Agreement which shall become part of my obligation to the Chai Tots Early Childhood Center and I fully understand this obligation. I also understand that tuition is an annual financial registration. No refunds or credits will be given due to absenteeism or mid-year departure. I understand a non-refundable deposit of \$350 is required upon registration.

Parent Name: _____

Parent Signature: _____ Date: _____

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EXTENDED CARE INFORMATION

Chai Tots Early Childhood Center offers extra care for additional fees from:

7:30 – 9:00 a.m. Monday through Friday; and

3:30 – 6:00 p.m. Monday through Thursday.

Aftercare on Fridays and the eve of Jewish Holidays is until 5:00 p.m.

- *Drop off any child (1 ½ - 6 years) any time. Only \$8.00/hour billed monthly.*

PLEASE COMPLETE THE FOLLOWING EXTENDED CARE FORM:

My child/children _____ will be staying at the Chai Tots Early Childhood Center extended care program on the following days and times:

Monday Tuesday Wednesday Thursday Friday

8:00 am to 9 am

3:30 pm to 5:30 pm

7:30 am to 8:00 am

5:30 pm to 6:00 pm

8:00-9:00 a.m. and/or 3:30-5:30 p.m.: \$90/mo

Before 8:00 a.m. and/or after 5:30 p.m. = additional \$75/mo

My child may occasionally need extended care at \$8.00 an hour.

Signature: _____ Date: _____

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