



This enrollment form is for continuing students.  
One Form Per Child

## PRE-SCHOOL & KINDERGARTEN RE-ENROLLMENT & REGISTRATION AGREEMENT 5771 ACADEMIC YEAR 2010-2011

I hereby enroll my child \_\_\_\_\_ in Akiba-Schechter Jewish Day School for the period from August/September 2010 through June 2011.

*Please indicate for which class you are registering your child for next year:*

- |   |   |
|---|---|
| <input type="checkbox"/> Parent-Toddler (Thurs.-Fri.) 12 months and Up by Sept. 1 | 9:00 A.M. to 10:30 A.M.                                 |
| <input type="checkbox"/> Ready! Set! Go! (Mon.- Tue.- Wed.) 2 years old by Nov. 1 | 8:30 A.M. to 11:00 A.M.                                 |
| <input type="checkbox"/> 5 Mornings (Mon. – Fri.) 2, 3, 4 yr. olds                | 8:30A.M. to 12:00 Noon                                  |
| <input type="checkbox"/> 5 Afternoons (Mon. – Fri.) 2, 3, 4 yr. olds              | 1:00 P.M. to 3:30 P.M.<br>(Fridays until 2:30P.M.)      |
| <input type="checkbox"/> Kindergarten (Mon. – Fri.) 5 years old by Sept. 1        | 8:30A.M. to 3:30 P.M. / Fri. 2:30 P.M.                  |
| <input type="checkbox"/> Early Drop-off   | 7:45 A.M. to 8:30 A.M.                                  |
| Extended Day <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days      | Noon to 3:30P.M.      ( <b>2:30 P.M. on Fri.</b> )      |
| Late Pick- Up <input type="checkbox"/> 3 days <input type="checkbox"/> 4days      | 3:30P.M.- 5:15P.M.      ( <b>No late pick-up Fri.</b> ) |

I understand and agree to the following obligations and conditions:

- I am enrolling my child for the entire 2010-2011 school year. I understand that if I withdraw my child before the end of the school year I must give written notice to the school office at least one month prior to my child's departure, and that I must negotiate a tuition settlement. In the event that I do not provide one month's written notice, I shall be responsible for all unpaid billed tuition. In addition, I agree to pay incidental fees as billed.
- If required, I agree to purchase fully refundable shares in the Family Investment Plan at \$25.00 per share, in the amount specified in the attached FIP Program sheet. I understand that this required purchase will be repaid in full **upon my request** if my child withdraws or graduates at the end of the school year, provided that all obligations to the school have been discharged. I shall forfeit my FIP shares if I withdraw my child from school before the end of the academic year, and agree that my shares will be treated as a contribution to Akiba-Schechter if I do not request them within one year of my child's withdrawal or graduation.

**Continued ⇨**

I agree to pay my initial non-refundable payment of \$300.00, to be applied toward tuition, by April 2, 2010.

3. I understand that I will be required to make payment arrangements with the Finance Office on or before July 1, 2010. All of my tuition must be paid in full by March 15, 2011. My payment options will be sent to me during the month of June 2010 and will include the following:

*CHECK OPTIONS:*

- a) One lump-sum payment on or before July 1, 2010 which will include a 1.5% prepayment discount from the tuition portion of my billing.
- b) Three post-dated checks dated July (1<sup>st</sup>), November (1<sup>st</sup> or 15<sup>th</sup>) & March (1<sup>st</sup> or 15<sup>th</sup>)
- c) Nine post-dated checks from July through March (dated the 1<sup>st</sup> or 15<sup>th</sup> of each month)

*CREDIT CARD OPTIONS:*

- d) One lump-sum credit card payment on or before July 15, 2010, no processing fee.
- e) Three credit card authorizations dated July (1<sup>st</sup>), November (1<sup>st</sup> or 15<sup>th</sup>) & March (1<sup>st</sup> or 15<sup>th</sup>). A \$170 processing fee will be charged for the year.
- f) Nine credit card authorizations from July through March (dated the 1<sup>st</sup> or 15<sup>th</sup> of each month). A \$170 processing fee will be charged for the year.

4. I will abide by the policies, rules, and procedures of the school as outlined in the Akiba-Schechter Parents' Handbook.
5. To the best of my ability, I agree to participate in the school's fundraising activities and, when asked, to serve on a committee and/or the Board of Directors.
- 6. This agreement, accompanied by payment of the deposit is due in the school office by December 17, 2009, in order to reserve a space for my child in the upcoming year.**

\_\_\_\_\_  
Parent/Guardian Signature Date

Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_  
Home Work Mobile Other

Email \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Please include the same information as last year in the school directory

Please use the above new information for the school directory.

Do not include us in the directory.

**Akiba-Schechter Jewish Day School**  
5235 S. Cornell Avenue, Chicago, IL 60615  
Phone: 773-493-8880 — Fax: 773-493-9377  
www.Akibaschechter.org

Inspire. Challenge. Nurture.