



Hilary Yeckel
Director

Beth Shalom Early Learning Center

5915 Beacon Street
Pittsburgh, PA 15217
412.421.8857

Seth Adelson
Rabbi



Debby Firestone
President

2020-2021 AGREEMENT FORM

FAMILY INFORMATION

Child's Name: _____ Sex: Male Female Date of Birth: ____/____/____
 Address: _____ City: _____ State: _____ ZIP: _____
 Parent/Guardian (1) Name: _____ Phone: _____ (Home Cell)
 Parent/Guardian (2) Name: _____ Phone: _____ (Home Cell)
 Email addresses: (1) _____ (2) _____

ENROLLMENT REQUIREMENTS (please initial where requested)

- **A 3% discount will be given to families who pay using ACH.**
- ALL prior year ELC tuitions/fees must be paid in full before enrollment will be finalized.
- Past due financial obligations, including Synagogue Membership (if applicable), must be paid in full or have payment arrangements in place by June 30 to be considered for member tuition rates.
- Scholarship assistance may be available for those who qualify. For a confidential application please contact the ELC office.
- **There is a \$40 service charge for each returned check or ACH. If payment is denied, regardless of the reason, the credit card on file will be charged for the amount of the payment plus the \$40 service charge fee. If the denied payment is a credit card payment, the parent will have seven days to submit a new credit card number to the accounting department. If no payment is received services to the family will be stopped until payment is made. _____ (initials)**
- A \$50.00 service fee will be charged for each program change after the first one, which is free of charge. The change must be requested in writing on the Program Change Form and approved by the ELC Director.
- If you choose to pay in monthly installments they will be made on the 1st of each month beginning in August. These payments will run for ten or twelve months depending on the length of the program chosen.
- **Additional child care hours will be charged at \$10/hr. (with 24 hours' notice) and \$20/hr. (without notice). Extra days will be charged at \$75.00/day for preschool (9:00-2:00) and \$90.00/day for infant care (five hour min). Payment will be charged to the credit card listed below unless cash/check is remitted on the day of service.). _____ (initials).**
- You are responsible for notifying the Accounting Department when the card on file expires.
- **WITHDRAWAL POLICY: If you withdraw your child from the program without a 60-day notice, there is a 60-day penalty payment assessed from your last date of your child's attendance, or through the end of the program, whichever comes first. This penalty will be assessed on the program in which your child spent the majority of time enrolled within the current school year. _____ (initials).**
- **Regardless of your method of payment you MUST PROVIDE Congregation Beth Shalom with a valid credit card number below. This will be used to pay for extra hours immediately upon their incurrence unless the ELC Office is given cash or check.**
- **ALL ELC forms MUST be completed before your child is considered to be registered. _____ (initials).**
- No substitution of days is permitted.

PAYMENT METHOD (must be completed in order to be considered for enrollment)

1. PAY IN FULL:
 Check # _____ in the amount of \$ _____. Charge the full balance to the credit card listed below.

2. MONTHLY PAYMENT PLAN:
 Deposit: Check # _____ included for \$200.00, or charge my credit card listed below for \$200.00.
 Balance: Debit, less deposit, to my checking account in equal installments beginning August 1, 2020. (Attach a voided check to this form)
 Charge, less deposit, in equal installments, to the credit card indicated below beginning August 1, 2020. VISA MasterCard Discover Amount: \$ _____

Card Number: _____ Exp. Date: ____/____

Billing Address: _____

Name on Card: _____
 _____ Printed name _____ Signature

By signing below, I agree to abide by the policies of Congregation Beth Shalom as outlined in the Early Learning Center Handbook as well as keep my account current and in good standing. I also agree to the terms and conditions listed on this Agreement Form.

Signature of Parent or Guardian: _____
 Early Learning Center: _____

