

Shaare Torah
1409 Main Street
Gaithersburg, MD 20878
301-869-9842
www.shaaretorah.org



Dear Parents,

Jacob Blumenthal
Rabbi

Matt Oziel
Executive Director

Debra Geiger
Director, Engagement

Allison Colker
Education Director

Ken Beecher
President

Thank you for your interest in Shaare Torah Early Childhood Center (STECC) for the 2018-2019 school year and the Shaare Torah Summer Program for the 2018 summer. We are looking forward to a year of curiosity, thinking, and exploration for each child. Our first day of summer program will be Monday, June 17, 2018. Our first day of school will be Tuesday, September 4, 2018.

For both the school year and the summer program, STECC offers an exciting, experiential full-day program, with a half-day option, and early morning and extended day additions. *If you choose the complete-day option, your child's program includes access to care from 7:30am until 6:00pm Monday through Friday. There is a significant discount when choosing this package! If you choose the 12-month program, your child's program includes our 10-month school year and our summer program, with a gap care option between school and summer in June and August! There is a significant discount when choosing the 12-month program!*

Enrollment opens on Friday, December 1st, 2017.

STECC requires that your child be two years old to begin school or our summer program. If space permits, we accept rolling admissions throughout the year and throughout the summer.

Please complete all pages of the attached application and send them along with a check payable to Shaare Torah. This check is **non-refundable** and totals a registration/activity fee of \$200.

Please send application forms and checks to:

Shaare Torah Early Childhood Center
c/o Allison Colker
1409 Main Street
Gaithersburg, MD 20878

If you have any questions, please call Allison Colker, Education Director, at 301-869-9842 ext 117.

Allison Colker

**SHAARE TORAH EARLY CHILDHOOD CENTER
2018-2019 PROGRAM OPTIONS AND TUITION SCHEDULE**

Program	Ages	Days and Times	Member Annual Rate	Non-Member Annual Rate
10-Month Half-Day	2s/3s/4s	M-F: 9:15am-1pm	\$6,250	\$7,500
	2s/3s	MWF: 9:15am-1pm	\$4,750	\$6,250
12-Month Half-Day	2s/3s/4s	M-F: 9:15am-1pm	\$7,300	\$9,250
	2s/3s	MWF: 9:15am-1pm	\$5,500	\$7,250
 				
10-Month Full Day (Includes Enrichment for 3s/4s)	2s/3s/4s	M-F 8:30am-4pm	\$15,500	\$17,000
12-Month Full Day (Includes Enrichment for 3s/4s)	2s/3s/4s	M-F 8:30am-4pm	\$17,000	\$19,000
 				
10-Month Complete Day	2s/3s/4s	M-F 7:30am-6pm	\$16,500	\$18,000
12-Month Complete Day	2s/3s/4s	M-F 7:30am-6pm	\$18,000	\$20,000
 				
10-Month Early Morning	2s/3s/4s	7:30am-8:30am	\$500 Per Week Day	\$500 Per Week Day
12-Month Early Morning	2s/3s/4s	7:30am-8:30am	\$600 Per Week Day	\$600 Per Week Day
 				
10-Month Extended Day	2s/3s/4s	M-F 4pm-6pm	\$1,500 Per Week Day	\$1,500 Per Week Day
12-Month Extended Day	2s/3s/4s	M-F 4pm-6pm	\$1,650 Per Week Day	\$1,650 Per Week Day

**SHAARE TORAH EARLY CHILDHOOD CENTER APPLICATION
2018-2019**

Child's Name:

First: _____ Middle: _____ Last: _____

Nickname (if any): _____ Gender: (M) _____ (F) _____

Child's Hebrew Name (Use English Letters) _____ Date of Birth: _____

Street Address: _____

City, State, Zip code _____

Hone Phone: _____

Parent 1 Name: _____ e-mail _____

Parent 1 cell phone: _____ work phone: _____

Parent 1 address if different from above: _____

Parent 2 Name : _____ e-mail _____

Parent 2 cell phone: _____ work phone: _____

Parent 2 address if different from above: _____

For children new to Shaare Torah, please answer the following questions so that we can plan properly for your child.

Are there any special circumstances concerning your child of which we should be aware? Has it ever been suggested or has your child ever received a diagnostic evaluation? If so, please explain: _____

Please list any allergies your child has: _____

Please name one friend whom you would like your child to be with in class: _____

Are you a Shaare Torah member? Yes _____ No _____ If no, other Synagogue affiliation _____

Are you interested in receiving information about Shaare Torah? Yes _____ No _____

**** All families must be in good financial standing in order for their children to be accepted for the 2018-2019 school year.**

Parent Name (please print): _____ Date: _____

Signature _____

Submit pages 3, 4, and 5 along with a check for \$200 for registration/activity fee (payable to Shaare Torah) to:
Allison Colker
Shaare Torah Early Childhood Center
1409 Main Street, Gaithersburg, MD 20878

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE PAYMENT INFORMATION
REQUESTED ON STECC PAYMENT FORM.**

Postmark Date: _____

Date Received: _____

Amount Received: _____

**SHAARE TORAH EARLY CHILDHOOD CENTER
2018-2019 PROGRAM OPTIONS AND TUITION WORKSHEET**

Child's Name:

First: _____ **Middle:** _____ **Last:** _____

PLEASE INDICATE YOUR PROGRAM AND A LA CARTE SELECTIONS BELOW:

Please Check	Program	Member Annual Rate	Non-Member Annual Rate
	10-Month Half-Day Program (5 days)	\$6,250	\$7,500
	12-Month Half-Day Program (5 days)	\$7,300	\$9,250

	10-Month Half-Day Program (3 days)	\$4,750	\$6,250
	12-Month Half-Day Program (3 days)	\$5,500	\$7,250

	10-Month Full Day	\$15,500	\$17,000
	12-Month Full Day	\$17,000	\$19,000

	10-Month Complete Day	\$16,500	\$18,000
	12-Month Complete Day	\$18,000	\$20,000

	10-Month Early Morning	\$600 Per Week Day	\$600 Per Week Day
	12-Month Early Morning	\$700 Per Week Day	\$700 Per Week Day

Multiply the Annual Rate Per Week Day by the Number of Days Per Week that your child will arrive for Early Morning		\$	\$
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	10-Month Extended Day	\$1,500 Per Week Day	\$1,500 Per Week Day
	12-Month Extended Day	\$1,650 Per Week Day	\$1,650 Per Week Day

Multiply the Annual Rate Per Week Day by the Number of Days Per Week that your child will stay for Extended Day		\$	\$
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TOTAL ANNUAL COST FOR THIS CHILD			\$
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SHAARE TORAH EARLY CHILDHOOD CENTER PAYMENT FORM

According to Shaare Torah's Financial Policies, all Early Childhood Center parents must have a valid credit card or checking account on file. Completion of the payment form is required to be accepted into the Shaare Torah Early Childhood Center. If you have any questions or concerns with the policy, please email Matt Oziel at moziel@shaaretorah.org

*All payments due by the first of the month.
Any payment received more than 7 days late will be assessed a late fee of \$15.*

Please indicate the type of payment (Please check one option)

- Check: payment in full on or before June 15, 2018
- Credit Card: payment in full on or before June 15, 2018
- Credit Card: one half of the remaining tuition on or before June 15, 2018 and the remainder of the tuition will be charged on December 15, 2018
- Credit Card: 10 or 12 equal amounts beginning June 15, 2018. Card will be charged on the 15th of previous enrollment month.
- ACH (direct bank account withdrawal): one half of the remaining tuition on or before June 15, 2018 and the remainder of the tuition will be charged on December 15, 2018
- ACH (direct bank account withdrawal): 10 or 12 equal amounts beginning June 15, 2018

Credit Card Form

Name on Credit Card _____

Number _____

Expiration Date _____ Security Code _____

If your card is already on file, please indicate here _____ and sign below.

Signature _____

Direct Debit Form

Bank Name: _____ Routing Number: _____

Account Number: _____ (Please attach a VOIDED blank check with this form)

If your bank info is already on file, please indicate here _____ and sign below.

I hereby authorize the withdrawal from my checking account on or before the 1st of each month.

Signature: _____