

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



Dear Parents,

Thank you for your interest in Shaare Torah Early Childhood Center (STECC) for the 2020-2021 school year and the Shaare Torah Summer Program for the 2020 summer. We are looking forward to a year of curiosity, thinking, and exploration for each child. Our first day of summer program will be June 15, 2020. Our first day of school will be August 31, 2020.

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 7:00am 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 Monday, January 4, 2020.

STECC requires that your child be 15 months 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 \$250.

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
2020-2021 PROGRAM OPTIONS AND TUITION SCHEDULE
Toddler Pricing**

Program	Ages	Days and Times	Member Annual Rate	Non-Member Annual Rate
10-Month Half-Day	15-24 months	M-F: 9:15am-1pm	\$8,000	\$9,250
12-Month Half-Day	15-24 months	M-F: 9:15am-1pm	\$9,500	\$11,000
10-Month Full Day (Includes Enrichment)	15-24 months	M-F 8:30am-4pm	\$17,500	\$19,000
12-Month Full Day (Includes Enrichment)	15-24 months	M-F 8:30am-4pm	\$21,000	\$23,000
10-Month Complete Day	15-24 months	M-F 7 am-6pm	\$18,500	\$20,000
12-Month Complete Day	15-24 months	M-F 7am-6pm	\$22,000	\$24,000
10-Month Early Morning	15-24 months	7am-8:30am	\$500 Per Week Day	\$500 Per Week Day
12-Month Early Morning	15-24 months	7am-8:30am	\$600 Per Week Day	\$600 Per Week Day
10-Month Extended Day	15-24 months	M-F 4pm-6pm	\$1,500 Per Week Day	\$1,500 Per Week Day
12-Month Extended Day	15-24 months	M-F 4pm-6pm	\$1,650 Per Week Day	\$1,650 Per Week Day

**SHAARE TORAH EARLY CHILDHOOD CENTER
2020-2021 PROGRAM OPTIONS AND TUITION SCHEDULE**

10-Month Half-Day	2s/3s/4s	M-F: 9:15am-1pm	\$6,650	\$7,900
	2s/3s	MWF: 9:15am-1pm	\$5,100	\$6,650
12-Month Half-Day	2s/3s/4s	M-F: 9:15am-1pm	\$7,650	\$9,700
	2s/3s	MWF: 9:15am-1pm	\$5,900	\$7,650
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 7am-6pm	\$16,500	\$18,000
12-Month Complete Day				
	2s/3s/4s	M-F 7am-6pm	\$18,000	\$20,000
10-Month Early Morning				
	2s/3s/4s	7am-8:30am	\$500 Per Week Day	\$500 Per Week Day
12-Month Early Morning				
	2s/3s/4s	7am-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
2020-2021

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 2020-2021 school year.**

Parent Name (please print): _____ Date: _____

Signature _____

Submit pages 2, 3, 4, 5 and 6 along with a check payable to Shaare Torah for a \$250 registration/activity fee 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
2020-2021 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
	Toddler 10-Month Half-Day Program (5 days)	\$8,000	\$9,250
	2s/3s/4s 10-Month Half-Day Program (5 days)	\$6,650	\$7,900
	Toddler 12-Month Half-Day Program (5 days)	\$9,500	\$11,000
	2s/3s/4s 12-Month Half-Day Program (5 days)	\$7,650	\$9,700

	2s/3s/4s 10-Month Half-Day Program (3 days)	\$5,100	\$6,650
	2s/3s/4s 12-Month Half-Day Program (3 days)	\$5,900	\$7,650

	Toddler 10-Month Full Day	\$17,500	\$19,000
	2s/3s/4s 10-Month Full Day	\$15,500	\$17,000
	Toddler 12-Month Full Day	\$21,000	\$23,000
	2s/3s/4s 12-Month Full Day	\$17,000	\$19,000

	Toddler 10-Month Complete Day	\$18,500	\$20,000
	2s/3s/4s 10-Month Complete Day	\$16,500	\$18,000
	Toddler 12-Month Complete Day	\$22,000	\$24,000
	2s/3s/4s 12-Month Complete Day	\$18,000	\$20,000

	10-Month Early Morning	\$500 Per Week Day	\$500 Per Week Day
	12-Month Early Morning	\$600 Per Week Day	\$600 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		\$	\$

	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		\$	\$

TOTAL ANNUAL COST FOR THIS CHILD			\$
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SHAARE TORAH EARLY CHILDHOOD CENTER PAYMENT FORM

All Early Childhood Center parents must have a valid checking account on file. Completion of the payment form is required to be accepted into the Shaare Torah Early Childhood Center.

All payments due by the fifteenth of the month.

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

_____ Check: payment in full on or before May 15, 2020 for the 12-month program or by July 15, 2020 for the 10-month program

_____ ACH (direct bank account withdrawal): one half of the tuition on or before May 15, 2020 and the remainder of the tuition will be charged on November 15, 2020 for 12-month program, or one half by July 15, 2020 and remainder by January 15, 2021 for the 10-month program

_____ ACH (direct bank account withdrawal): equal monthly payments (May 15, 2020 – April 15, 2021) for 12-month program or (July 15, 2020 – April 15, 2021) for 10-month program

Direct Debit Form

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

Bank Name: _____ Routing Number: _____

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

Account Type: _____

Name on Account: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Signature _____