

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

Sheila Berlinger
President

Thank you for your interest in the toddler class at Shaare Torah Early Childhood Center (STECC) for the 2019-2020 school year. We are looking forward to a year of curiosity, thinking, and exploration for each child. Our first day of school will be September 3, 2019.

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!*

Enrollment is open.

STECC requires that your child be 15 months old to begin school. If space permits, we accept rolling admissions throughout the year.

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, pending sufficient enrollment for the class to run.

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
TODDLER CLASS
2019-2020 PROGRAM OPTIONS AND TUITION SCHEDULE**

Program	Ages	Days and Times	Member Annual Rate	Non-Member Annual Rate
10-Month Half-Day	Toddler	M-F: 9:15am-1pm	\$8,000	\$9,250
10-Month Full Day	Toddler	M-F 8:30am-4pm	\$17,500	\$19,000
10-Month Complete Day	Toddler	M-F 7:30am-6pm	\$18,500	\$20,000
10-Month Early Morning	Toddler	7:30am-8:30am	\$500 Per Week Day	\$500 Per Week Day
10-Month Extended Day	Toddler	M-F 4pm-6pm	\$1,500 Per Week Day	\$1,500 Per Week Day

**SHAARE TORAH EARLY CHILDHOOD CENTER APPLICATION
2019-2020**

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: _____

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 2019-2020 school year.**

Parent Name (please print): _____ Date: _____

Signature _____

Submit pages 3, 4, and 5 along with a check for \$250 payable to Shaare Torah for 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
TODDLER CLASS
2019-2020 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)	\$8,000	\$9,250
	10-Month Full Day	\$17,500	\$19,000
	10-Month Complete Day	\$18,500	\$20,000
	10-Month Early Morning	\$500 Per Week Day	\$500 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
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			\$

SHAARE TORAH EARLY CHILDHOOD CENTER PAYMENT FORM

According to Shaare Torah's Financial Policies, 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. If you have any questions or concerns with the policy, please email Matt Oziel at moziel@shaaretorah.org

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 August 15, 2019

_____ ACH (direct bank account withdrawal): one half of the remaining tuition on or before August 15, 2019 and the remainder of the tuition will be charged on December 15, 2019

_____ ACH (direct bank account withdrawal): 10 equal amounts beginning August 15, 2019

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 _____