

Office Use:  
Rec'd: \_\_\_ Date \_\_\_\_\_  
Deposit: \_\_\_\_\_ Ck# \_\_\_\_\_  
Date Rec'd. \_\_\_\_\_  
Start Date: \_\_\_\_\_

# Application

## 2016-2017

Date: \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ (Nickname) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Child lives with (*circle one*): Both Parents Mother Father Other: \_\_\_\_\_

Applying for program:  
\_\_\_ Infants: (*6 weeks-17 months*) \_\_\_ Toddlers: (*18 months-2½ Yr.*) \_\_\_ Preschool/Kindergarten (*3-6 Yr.*)

Desired Days:  Mon  Tues  Wed  Thur  Fri

Full Day/Half Day: \_\_\_\_\_ Extended Care  7:30-8:00am  8:00-9:00am  
(*Check all that apply*)  3:30-5:30pm  5:30-6:00pm

Desired Drop Off Time: \_\_\_\_\_ Desired Pick Up Time: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ *First name you go by:* \_\_\_\_\_

Home Address (If Different): \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Employed By: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone/ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ *First name you go by:* \_\_\_\_\_

Home Address (If Different): \_\_\_\_\_

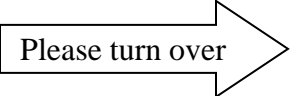
Occupation/Profession: \_\_\_\_\_ Employed By: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone/ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Chai Tots Early Childhood Center**  
7587 Central Parke Blvd. \* Mason, OH 45040 \* (513) 234.0600  
[www.ChaiTots.com](http://www.ChaiTots.com)



Siblings in household:

Name	Birth Date	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In what School District do you reside? \_\_\_\_\_

What specific goals do you have for your child at Chai Tots?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Please note any health problems or allergies that your child might have that would require special attention:

\_\_\_\_\_  
\_\_\_\_\_

What is the best manner to communicate with you in matters regarding your child?

- Email \_\_\_\_\_       Cell \_\_\_\_\_       Work \_\_\_\_\_  
 Text \_\_\_\_\_       Home \_\_\_\_\_       Other \_\_\_\_\_

**COMPLETED MEDICAL FORMS ARE REQUIRED BY THE STATE OF OHIO BEFORE ANY STUDENT MAY ATTEND SCHOOL.**

**Admission is premised upon the following:**

- A non-refundable deposit of \$350
- A visit to the school by students and parents
- Parents meet with Mrs. Rochel Kalmanson and child is interviewed by teacher
- The assistance of vacancy for which, in accordance with the plan of enrollment adopted by the school, the candidate is qualified.

THE EDUCATION PROGRAM AT THE CHAI TOTS EARLY CHILDHOOD CENTER IS PROVIDED WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AND NATIONAL ORIGIN

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

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# Tuition Payment Plan

*A non-refundable deposit of \$350 is required upon registration and will be applied to final tuition payment.*

## **Discount:**

- 5% for “One Payment Plan”
- 5% for Sibling

## **Fees:**

- \$199 (*Preschool & Kindergarten class only*)
- \$170 (*Toddler class only*)
- \$7 T-Shirt (*new students only*)

*Fees are due with the first tuition payment.*

## **Payment Plans:**

*Check One*

- (A) \_\_\_ ONE PAYMENT PLAN: Parents agree to pay full year Tuition in full in one payment by August 29, 2016 and receive a 5% discount. Credit Card payment is not accepted for this option. Fees are included with this payment.
- (B) \_\_\_ THREE PAYMENT PLAN: Parents agree to pay Tuition in three equal payments, the first payment due by August 29, 2016, the second payment due by December 1, 2016 and the final payment due by March 1, 2017. A \$25 late fee will be charged for any tuition payments received after the 4<sup>th</sup> of the month. Fees will be added to first month’s installment.
- (C) \_\_\_ MONTHLY PAYMENT PLAN BY CREDIT CARD: Parents agree to pay Tuition in 10 equal payments by providing the SCHOOL a valid credit card number to be charged on the 1<sup>st</sup> day of each month beginning in September, 2016 through June, 2017. A \$25 late fee will be charged for any tuition payments received after the 4<sup>th</sup> of the month. Fees will be added to first month’s installment.

I, the parent of \_\_\_\_\_, have read the above Tuition Responsibility Agreement which shall become part of my obligation to the Chai Tots Early Childhood Center and I fully understand this obligation. I also understand that tuition is an annual financial registration. No refunds or credits will be given due to absenteeism or mid-year departure. I understand a non-refundable deposit of \$350 is required upon registration.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## EXTENDED CARE INFORMATION

Chai Tots Early Childhood Center offers extra care for additional fees from:

7:30 – 9:00 a.m. Monday through Friday; and

3:30 – 6:00 p.m. Monday through Thursday.

**Aftercare on Fridays and the eve of Jewish Holidays is until 5:00 p.m.**

- *Drop off any child (1 ½ - 6 years) any time. Only \$8.50/hour billed monthly.*

### PLEASE COMPLETE THE FOLLOWING EXTENDED CARE FORM:

My child/children \_\_\_\_\_ will be staying at the Chai Tots Early Childhood Center extended care program on the following days and times:

Monday    Tuesday    Wednesday    Thursday    Friday

8:00 am to 9 am

3:30 pm to 5:30 pm

7:30 am to 8:00 am

5:30 pm to 6:00 pm

8:00-9:00 a.m. and/or 3:30-5:30 p.m.: \$105/mo

*Before 8:00 a.m. and/or after 5:30 p.m. = additional \$90/mo*

My child may occasionally need extended care at \$8.50 an hour.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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