

Bet Yeladim Pre-School
Infant/Toddler and Full-Day Program
2009-2010 Enrollment Agreement

Child's Name _____ Sex _____ Date of Birth _____ Phone _____

Parents'/Guardians' Names _____

Address _____ City _____ State _____ Zip _____

Check if child was enrolled in Bet Yeladim in 2008-2009 Check if sibling has been a Bet Yeladim Student

PROGRAM REQUEST: Please check the desired program:

_____ Infant/Toddler Program (Child must be 2 months old by start date) **(Five Days Only)**

_____ Two Year Old Program (Child must be 2 by September 1, 2009)

_____ Three or Four Year Old Program (Child must be 3 or 4 respectively by September 1, 2009)

Please circle the days that are needed: Monday Tuesday Wednesday Thursday Friday

Can you be flexible with the choice of days? Yes No

Desired entry date: (Please check one) ___ June 29, 2009 ___ Other (Please specify: _____)

Desired ending date: June _____, 2010

CLASS CANCELLATION: If a minimum number of children is not registered for a specific class, that class will be cancelled and the parents notified and all collected deposits and fees will be refunded.

CLASSES: When necessary, based on the number and ages of the children enrolled and schedules selected, Bet Yeladim may add, cancel and/or form combined age classes. Any combinations will be done in a developmentally appropriate environment.

POLICY AMENDMENTS: Bet Yeladim reserves the right to amend its policies from time to time at the sole discretion of Bet Yeladim Inc. and requires compliance upon the effective date of these amended policies.

SEVERABILITY: If any term of the Agreement is declared invalid or unenforceable, it will be severed and all other terms will remain effective, and they will be construed as though the invalid term did not exist.

WAIVER: If Bet Yeladim, Inc. fails to require that you comply with any term of this Agreement, Bet Yeladim, Inc. will not be deemed to have waived its right to demand compliance, and Bet Yeladim, Inc. may later require that you comply with such terms after notifying you that it will require compliance.

WITHDRAWAL: You will be held accountable for payment of all tuition and fees for the school year if the Child is withdrawn for reasons other than those listed below. All requests for release from payment of all tuition and fees must be received IN WRITING by the President of the Board of Directors. Appropriate documentation is required.

Enrollment fees, supply/activity fees and deposits are **NEVER** refundable or transferable when withdrawing your child.

1. Child moving from Howard County.
2. Serious and prolonged illness of a student or immediate family member of a student.
3. Decision by Bet Yeladim and the Responsible Parties that there is an unsatisfactory adjustment of the Child to Bet Yeladim after all reasonable efforts to accommodate the needs of the student have been made by Bet Yeladim and Responsible Parties.
4. Child has been professionally evaluated and it has been determined by a Child Find or similar specialist that the child requires a specialized placement in an educational setting that Bet Yeladim cannot provide.
5. If parents are released from their contractual obligations for one child they may also be released from their contractual obligations for their other enrolled child(ren), upon request.
6. The Board may exercise discretion with regard to releasing a family from their tuition obligations for reasons other than those stated above; however, such decisions can only be made by a unanimous vote of the Board.

Please sign and return all forms in the Enrollment Packet, along with your Enrollment Fee and Deposit to the Bet Yeladim office or mail to: Bet Yeladim, Inc. 5885 Robert Oliver Place, Columbia, MD 21045. Make checks payable to Bet Yeladim, Inc.

I have read and understand all the information contained in this entire Enrollment packet, including but not limited to the Class Information Sheet, Enrollment Agreement, Emergency Information Form, Additional Required Information Form and the Parent Handbook and agree to abide by the terms and conditions set forth therein, as may be amended from time to time at the sole discretion of Bet Yeladim Inc.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Check # _____ Check Amount _____ Date received _____