



# Temple Tots



- All Classes are 9:00 am – 1:00 pm
- Ages 18 Months – 4 Years
- Registration Fee \$125

**10% discount is given to families registering a 2<sup>nd</sup> or 3<sup>rd</sup> child**  
 \*\*\* Tuition includes Shabbat lunches on Fridays

See below for priority registration opportunity!!

## 18-Month-Old Class

(Children must be 18-months-old by Sept 1<sup>st</sup>) Annual Materials Fee: \$200

- ❖ 2-Days  
Temple Member: \$215 /month  
Non-Member: \$240/month  
Tuesday and Thursday
- ❖ 3-Days  
Temple Member: \$300/month  
Non-Member: \$325 /month  
Tuesday, Wednesday, Thursday

## 3-Year -Old Class

(Children must be 3-years-old by Sept 1<sup>st</sup>) Annual Materials Fee: \$240

- ❖ 4-Day Tuesdays – Fridays  
Temple Member: \$400/month  
Non-Member: \$425/month
- ❖ 5-Day (Includes Magical Mondays)  
Temple Member: \$500 /month  
Non-Member: \$525 /month

## **January registration 2012 18 month class only**

\$65 registration fee  
\$100 materials fee

## 2-Year-Old Class

(Children must be 2-years-old by Sept 1<sup>st</sup>) Annual Materials Fee: \$200

- ❖ 3-Day  
Temple Member: \$325/month  
Non-Member: \$350/month
- ❖ 4 Day  
Temple member \$400/month  
Non-member \$425/month
- ❖ 5-Day (Includes Magical Mondays)  
Temple Member: \$500/month  
Non-Member: \$525/month

## 4-Year-Old Class

(Children must be 4-years-old by Sept 1<sup>st</sup>)  
Annual Materials Fee: \$240

- ❖ 5-Day - Mondays – Fridays  
Temple Member: \$450/month  
Non-Member: \$475/month



Priority registration for currently  
enrolled families,  
and Emanu-El members only.  
\$50 OFF Registration Fee when you register between  
March 1st - March 22nd  
**Open Registration March 23 - May 2**

## **Other Classes Offered:**

### **\*\*Magical Mondays:**

Your child will travel the world through books.

This class is open for 2 and-3 year olds. Cost is \$100 /month for members, and \$125 for non-members. This is a literature based program that uses a book each week to guide activities that include art, music, science, math, cooking, sight-words and pre-reading strategies. The price includes materials and such used that day.

### **\*\*Mommy & Me:**

- Wednesdays 9:15am-10am
- Ages 3 months through 2-years-old

A fun-filled time designed for Mom, Dad, or Caregiver and their child. Join us for singing, movement, and discussions of “child raising” issues. Come and enjoy your time and learn from other moms too.

**\*Mommy & Me is open to the entire community & free to all Temple Emanu-El families**

### **New this coming Year:**

All Temple Tot children will receive free babysitting during our High Holy Day Services!!!!!!

### **Before and After care:**

We now offer this service from 8-9am and 1pm-2pm.  
Days to be determined by need. \$7/hour

**Temple Tots will be offering After school programs which currently include:**

**Music, Art, Science, and Gymnastic.**

To inquire about or register for any of these programs, please contact Cathy Moore  
@ 205- 933-5907 or [templetots@ourtemple.org](mailto:templetots@ourtemple.org)

# Temple Tots 2011-2012 Registration Form



All Classes are 9:00 am – 1:00 pm  
Ages 18 Months – 4 Years  
Registration Fee \$125  
Tuition includes Shabbat lunches each Friday

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Age as of September 2011: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Contact Information:

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

Home phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Mom's Email: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

My child will be attending...

Days Preferred:

\_\_\_\_\_ 18month-old-class (days and times to be determined) \_\_\_\_\_

\_\_\_\_\_ 2 year- old class (Tuesday – Friday) Days Preferred: \_\_\_\_\_

\_\_\_\_\_ 3 year- old –class (Tuesday – Friday)

\_\_\_\_\_ 4 Year-old-class (Monday – Friday)

I am aware of the monthly tuition and annual material fee charged for the class which I have enrolled my child. I agree to pay in full for the class my child attends by the 1<sup>st</sup> of each month.

I give Temple Tot's permission to use my child's picture in newspapers, magazines, publicity brochure, our internet website, or other media forms.

\_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

***To reserve a space, please submit your registration form by***

***May 2<sup>nd</sup>, 2011 along with \$125 registration fee.***

***Questions?***

Contact Cathy Moore: 205- 933-5907 or [templetots@ourtemple.org](mailto:templetots@ourtemple.org)

## Temple Tots Payment Plan 2011-12

Name of child(ren) \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent name \_\_\_\_\_

**\*\*Please check a box to select one of the following four options:**

**Pay for the year or by the semester** \_\_\_\_\_  
*1<sup>st</sup> semester* *2<sup>nd</sup> semester or yearly*

**Pay Monthly by Check in the amount of \$** \_\_\_\_\_

**Automatic Funds Transfer Payments**

I authorize Temple Emanu-El to perform 9 equal, monthly automatic funds transfer payments (Sept 2011 to May 2012) in the amount of \$\_\_\_\_\_ on the 1<sup>st</sup> of each month from my checking account to fulfill my child's Temple Tots 2011-2012 preschool tuition. If my automatic funds transfer payment fails to process due to insufficient funds or for any other reason, I authorize Temple Emanu-El to collect a \$25 fee by electronic charge to my checking account identified below. **PLEASE ATTACH A BLANK, VOID CHECK TO THIS FORM.**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card Payments**

I authorize Temple Emanu-El to charge my credit card:  MasterCard  Visa  
 American Express  Discover Card

9 equal payments (September 2011 to May 2012) in the amount of \$\_\_\_\_\_ on the 1<sup>st</sup> of each month to fulfill my child's Temple Tots 2011-2012 tuition. If my credit card payment fails to process due to credit limit issues or for any other reason, I authorize Temple Emanu-El to collect a \$25 fee by electronic charge to my credit card account identified below.

Name (exactly as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## EMERGENCY INFORMATION

Name of Child \_\_\_\_\_

**I will submit a current and updated blue form to Temple Tots**

Date Blue Form Expires: \_\_\_\_\_

Child' Date of Birth \_\_\_\_\_

Child's Mother \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_

Work \_\_\_\_\_

Child's Father Name \_\_\_\_\_

\_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

## EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED

1. Name \_\_\_\_\_

Relation \_\_\_\_\_

\_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

2. Name \_\_\_\_\_

Relation \_\_\_\_\_

\_\_\_\_\_ Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

### CHILD'S PEDIATRICIAN TO CONTACT IN AN EMERGENCY

Name \_\_\_\_\_

Phone \_\_\_\_\_



## Medication/Treatment Authorization

State licensing requirements permit childcare facilities to administer medications under the following guidelines:

1. All medication shall be administered only on the written approval of a parent or guardian.
2. Prescription medications shall be administered only as directed in the label or as otherwise authorized by a physician.
3. Medications must be stored in their original container. The container must have the patient's name, amount to be administered, and date of expiration.

Please provide the following information:

Child's Name:

\_\_\_\_\_

Medical Problem:

\_\_\_\_\_

Name of Medication:

\_\_\_\_\_

Method of Administration:

\_\_\_\_\_

Times/Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_

Dates of Administration:

\_\_\_\_\_

Is the problem chronic or ongoing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments or specific instructions: \_\_\_\_\_

\_\_\_\_\_

I authorize \_\_\_\_\_ and its employees to give the above medication(s): \_\_\_\_\_

**I will submit a current and updated blue form to Temple Tots**

**Date Blue Form Expires:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_