

Revere Jewish Montessori Preschool 2024-2025 Registration Packet

Please complete and return all attached forms before your child's first day of school. Per Tennessee state requirements, you must submit a current copy of your child's immunization record.

RJMPinfo@gmail.com

95 Bellevue Road, Nashville TN 37221

Visit us online: www.Jewishmontessoripreschool.com

Office: 615-646-5750

Application





Date of Application	_
1 year old enrolling for: Before Care Preschool	olAfter Care
2 years old enrolling for: Before Care Presch	nool After Care
3-5 years old enrolling for: Before Care Pro	eschool After Care
Child's full name:	
What does the child like to be called:	
Spelling of Hebrew Name (in Hebrew if possible)	
Sex: F M (circle one)	
Date of birth:	born in the a.m. or p.m. (circle one)
PARENTS	
Mother	Father
Address	Address
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Where Employed	Where Employed
Email Address	Email Address
Who has custody of the child?	
EMERGENCY INFORMATION	
Name of person, other than parent, authorized to act for	or parent in an emergency:
Address:	Home Phone:
Where employed: Work Phone:	Work Hours:
MEDICAL INFORMATION	
Name of Physician:	Office Phone:
Address:	Practice:

Application

Please list any allergies your child has (medicati	ons, food	s, envir	onmental el	ements	s, etc.)
L de houshy authoriza amorganou medical care					
I do hereby authorize emergency medical care:			Signature of	Parent	
BACKGROUND INFORMATION					
Other children in family (name, birthdate, school	ol):				
At what time does child eat breakfast:	Lunch:		Dinner:		Snacks:
What does child usually eat for breakfast?					
Bedtime schedule: Sleeps from	to				
List some of your child's favorite activities:					
Has he/she been enrolled in other preschool pro	grams?				
Name of program:	For ho	w long:			
Does he/she play with other children from other	families?	?	How we	ell?	
Does he/she go to the bathroom independently?		_Does l	he/she need	to be r	reminded or taken?
Does he/she manage clothes by him/herself?		_		4	
The Revere Jewish Montessori Preschool has m telephone number, cell phone number and emai		sion to p	orint a direct	ory co	ntaining my name, address,
Signature of Parent or Guardian					
I consent to the use of my child's photograph w	ithout a n	ame for	social med	ia, weł	osite, in-house, and newsletter
Signature of Parent or Guardian				***************************************	

Monthly Tuition & Fee Schedule, 5 days a week (MTWTF)

Age Group	Registration Fee before March 15, 2024	Registration Fee after March 15, 2024	Monthly Tuition Preschool 9:00-3:00	Monthly Early Care 8:00-9:00 00*	Monthly After Care 3:00-4:00 M/Tu/Wed/Thu	Monthly Security Fee for Armed Security Guard
All Ages	\$150	\$250	\$1198	\$300	\$240	\$100

Monthly Tuition & Fee Schedule, 5 days a week ½ Day 9 am -12:30 pm

Age Group	Registration Fee before March 15, 2024	Registration Fee after March 15, 2024	Monthly Tuition Preschool	Monthly Before Care 8:00-9:00	Monthly After Care 3:00-4:00 M/Tu/Wed/Thu	Monthly Security Fee for Armed Security Guard
1 -2 yr.	\$150	\$250	\$898	\$300	N/A	\$100

Monthly Tuition & Fee Schedule, 3 days a week (MWF)

Age Group	Registration Fee before March 15, 2024	Registration Fee after March 15, 2024	Monthly Tuition Preschool	Monthly Before Care 8:00-9:00	Monthly After Care 3:00-4:00 M/Tu/Wed/Thu	Monthly Security Fee for Armed Security Guard
1-3 yr.	\$150	\$250	\$855	\$180	\$180	\$100

Monthly Tuition & Fee Schedule, 3 days a week ½ Day (MWF) 9am-12:30 pm

Age Group	Registration Fee before March 15, 2024	Registration Fee after March 15, 2024	Monthly Tuition Preschool	Monthly Before Care 8:00-9:00	Monthly After Care 3:00-4:00 M/Tu/Wed/Thu	Monthly Security Fee for Armed Security Guard
1-2 yr.	\$150	\$250	\$539	\$180	N/A	\$100

Note: Children enrolled in the 5 days a week program will be given priority.

Tuition is due on the 1st of each month. We realize that there are times when situations arise and you may need an alternative pay schedule. Exceptions can be made on a very limited basis, however not every month.

A late fee charged of \$50 will be applied to accounts not paid by the 5th of each month.

- 1. Registration for FIRST TIME STUDENTS: Registration begins in February for the following school year. A non-refundable registration fee of \$250.00 per child will be due at the time of registration which will temporarily add your child's name to the class list. To guarantee enrollment for your child, both the first and last month's tuition AND a thoroughly completed registration packet must be turned in before April 1st. If the tuition and paperwork are not received by then, your child will be moved to the wait list and enrollment is subject to space available at the time the paperwork and tuition are received. The last month tuition payment refers to the last month of enrollment at the SCHOOL, not the last month of the current school year. Our program runs August June and is closed for July (no tuition due for July).
- 2. **Registration for RETURNING STUDENTS:** Registration begins in February for the following school year. Please return the completed registration packet to the Chabad office before March 15, 2024. After submitting your paperwork, you will then make your \$150.00 registration fee payment or \$250 after March 15, 2024, on the Brightwheel app. This must be done to guarantee class placement. If a completed registration packet is not received by then, your child will be moved to the wait list and enrollment is subject to space available at the time the paperwork is received. Our program runs August June and is closed for July (no tuition due for July).
- 3. All tuition payments for the 2024-2025 school year will be made through a third-party tuition collection service. All tuition payments must be made directly on the Brightwheel app. You will have the option of paying by credit card or electronic withdrawal from your bank account. For your convenience, automatic payments may also be set up. When new families enroll, they will receive an introductory email from Brightwheel with instruction for downloading and creating a Brightwheel account.
- 4. Monthly tuition payments are due on the 1st of the month. A late fee of \$50 will be applied to accounts not paid by the 5th of each month.
- 5. Delinquent accounts can result in withdrawal from the preschool until payment is made and classroom availability exists. Emergency situations should be discussed with the Preschool Director.
- 6. All children should be picked up by 3:00 or 4:00 pm*. A late pick up charge of \$25 per child will be assessed 15 minutes after closing time. An additional \$5 fee will be charged for each ten-minute segment thereafter. Late fees will need to be paid the week in which they occur.
- 7. In order to maintain your child's place on a class roll, tuition must be paid even if your child does not attend.
- 8. There is a \$30 fee charged for returned checks.

NO aftercare on Fridays



Drop off/Pick up Authorization form 2024-2025 school year

In the event you are unable to drop off or pick up your child, we ask that you fill out this form. Please list the names of the people below that you would like to be given authorization to pick up your child.

Child's Name:
Parent(s):
Cell phone number:
Work Number:
1.Name:
Cell phone number:
2.Name:
Cell phone number:
3. Name:
Cell phone number:
Parent signature:
Date:

Policy Acceptance

Dear Parents,	
indicating that you have read the policie	Human Services, requires that you sign a statement s of Revere Jewish Montessori Preschool, the summary centers and have made a pre-placement visit to Revere
Child's Name	
-	h Montessori, the summary of licensing requirements for blacement visit to Revere Jewish Montessori Preschool.
Date	Parent's Signature
	Parent's Printed Name

Withdrawal Policy

If it becomes necessary to withdraw your child from the preschool, you must notify the Director in writing one month in advance. If no notice is provided you will still be responsible for your monthly tuition payments for the remainder of the school year.

Monthly tuition payments are still due if your child is out of school for an extended period of time.

I HAVE READ AND UNDERSTAND THE ABOVE PAYMENT AND WITHDRAWAL



Tennessee Department of Human Services Influenza Information Notification Form

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance influenza.	of immunizing children against
Signature of Parent or Legal Guardian:	Date:
Signature of Parent or Legal Guardian:	Date:
Signature of Agency Representative:	Date:



I give The Revere Jewish Montessori P as needed for his/her protection from	reschool staff permission to apply sun screen to my child the sun.
Childs Name	
Parent Signature	Date
	reschool staff permission to apply Arnica-Salbe-Heel to ent causing minor scrapes and or bruising.
Child's Name	
Parent Signature	Date

Registration Checklist and Program Selection

Yes, our child,	will attend the Revere Jewish Montessori Preschool
beginning on	
Please select your program from below ther	an add the row for your total monthly tuition.

Age	Base Cost Monthly	Program	Half Day Full Day	Before Care Monthly Mon-Fri	After Care* Monthly Mon-Thu	Security Fee Monthly	Total
1-3 yr. old	\$1198	Monday - Friday	Full Day	\$300	\$240	\$100	
1–2 yr. old	\$898	Monday- Friday	Half Day	\$300	N/A	\$100	
1–3 yr. old	\$855	Monday Wednesday Friday	Full Day	\$180	\$180	\$100	
1-2 yr. old	\$539	Monday Wednesday Friday	Half Day	\$240	N/A	\$100	
4-5 yr. old	\$1198	Monday- Friday	Full Day	\$240	\$240	\$100	

^{*}There will be no after care on Fridays.

I will pay the non-refundable registration fee of \$150 on Brightwheel before or on March 15, 2024,
\$250 after March 15, 2024.
FIRST TIME STUDENTS ONLY: I will make a payment on Brightwheel for the equivalent of the registration fee and the first and last month's tuition. I understand our registration is not complete until this is received.
Enclosed the following forms: Registration check list, Application, Health History, Immunization Record,
Policy Acceptance, Influenza Notification form, Withdrawal Policy, Sunscreen and Arnica permission slip.