



Revere Jewish Montessori Preschool 2025-2026 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

Registration Checklist and Program Selection

Yes, our child, _____ will attend the Revere Jewish Montessori Preschool beginning on _____.

Please select your program from below then 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 3, 2025, \$250 after March 3, 2025.

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.

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 POLICY, AND I AGREE TO ABIDE BY THESE POLICIES AND REGULATIONS.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Policy Acceptance

Dear Parents,

The State of Tennessee, Department of Human Services, requires that you sign a statement indicating that you have read the policies of Revere Jewish Montessori Preschool, the summary of licensing requirements for child care centers and have made a pre-placement visit to Revere Jewish Montessori.

Child's Name

I have read the policies of Revere Jewish Montessori, the summary of licensing requirements for child care centers and have made a pre-placement visit to Revere Jewish Montessori Preschool.

Date

Parent's Signature

Parent's Printed Name



REVERE JEWISH MONTESSORI PRESCHOOL

Date of Application _____

1 year old enrolling for: Before Care _____ Preschool _____ After Care _____

2-3 years old enrolling for: Before Care _____ Preschool _____ After Care _____

4-5 years old enrolling for: Before Care _____ Preschool _____ 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

Table with 2 columns: Mother, Father. Rows include Address, City, State, Zip, Home Phone, Cell Phone, Where Employed, and Email Address.

Who has custody of the child? _____

EMERGENCY INFORMATION

Name of person, other than parent, authorized to act for parent in an emergency: _____

Address: _____ Home Phone: _____

Where employed: _____ Work Phone: _____ Work Hours: _____

In the event that a parent or the listed emergency contact cannot be reached, I authorize an admin or teacher of The Revere Jewish Montessori Preschool act on my behalf: _____

Application

MEDICAL INFORMATION

Name of Physician: _____ Office Phone: _____

Address: _____ Practice: _____

Please list any allergies your child has (medications, foods, environmental elements, etc.)

I do hereby authorize emergency medical care: _____
Signature of Parent

BACKGROUND INFORMATION

Other children in family (name, birthdate, school):

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 programs? _____

Name of program: _____ For how long: _____

Does he/she play with other children from other families? _____ How well? _____

Does he/she go to the bathroom independently? _____ Does he/she need to be reminded or taken? _____

Does he/she manage clothes by him/herself? _____

The Revere Jewish Montessori Preschool has my permission to print a directory containing my name, address, telephone number, cell phone number and email address.

Signature of Parent or Guardian

I consent to the use of my child's photograph without a name for social media, website, in-house, and newsletters.

Signature of Parent or Guardian

Drop off/Pick up Authorization form

2025-2026 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:

2025– 2026 Tuition Fee and Schedule

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.

2025– 2026 Tuition Fee and Schedule

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 3, 2025. After submitting your paperwork, you will then make your \$150.00 registration fee payment or \$250 after March 3, 2025, 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 2025-2026 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*****

Application

REVERE JEWISH MONTESSORI PRESCHOOL



Date of Application _____

1 year old enrolling for: Before Care _____ Preschool _____ After Care _____

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4-5 years old enrolling for: Before Care _____ Preschool _____ After Care _____

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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 parent in an emergency: _____

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Signature of Parent or Guardian