



ENROLLMENT FORM 2021-2022

I wish to enroll my child in the COMMUNITY SYNAGOGUE OF RYE EARLY CHILDHOOD CENTER for the 2021-2022 school year. Enclosed is my **NON-REFUNDABLE AND NON-TRANSFERABLE DEPOSIT OF \$900.00** made out to Community Synagogue ECC.

Name of Child _____ Male ___ Female ___

Date of Birth _____

Name of Parents/Guardians _____

Primary Address _____

Primary Telephone Number _____ Email: _____

Synagogue Member _____ Non-Member _____

Families with children enrolled in the ECC (and with older siblings having not reached the 3rd grade for the 2021/2022 school year) are invited to join the synagogue at no cost.

I wish to enroll my child in the following class (please indicate 1st and 2nd choices):

Toddler Time	One day a week _____		
2 -Year Olds:	3 Days/Week _____	4 Day/Week _____	5 Days/Week _____
3-Year Olds:	3 Days/Week _____	4 Days/Week _____	5 Days/Week _____
4-Year Olds:	5 Mornings Days a Week _____		
4-Year Olds:	2 Full Days, 3 Half Days a Week _____		
Pre-K Program:	4 Full Days, 1 Half Day _____		

WE CAN NOT ACCOMODATE PARENTS' REQUESTS FOR SPECIFIC TEACHERS. PLEASE TRUST THAT WE WILL PLACE YOUR CHILD IN A CLASSROOM THAT IS IN HIS/HER'S BEST INTEREST.

The first payment of 50% of the tuition is due by **March 31, 2021**, and the balance is due by **June 30, 2021**. **Unless special payment arrangements have been arranged in advance, Community Synagogue of Rye Early Childhood Center shall cancel any child's registration for non-payment by July 15, 2021. Tuition is non-returnable, and non-transferable.**

All medical and school forms for your child must be turned into the ECC office before the first day of school. The ECC reserves the right to consolidate or cancel a class should registration minimums not be met.

It is understood that I am responsible for the full term's tuition even if my child is unable to complete the term. It is further understood the Community Synagogue ECC has the prerogative to request the withdrawal of a child if it feels that the child cannot adjust. In such a case, reimbursement will be pro-rated.

PARENT'S SIGNATURE _____ Date _____