



BTEE ECC Program

Fall 2020-2021 Registration Form

Virtual Preschool starting September 8th, 2020

Child's Name: _____ Child's D.O.B.: _____

(Please complete one registration form for each child enrolling)

Activity packets/supplies will be available for pick up (p/u) at the temple the Friday prior to each new week between the hours of 9- 10am. If you are unable to pick up your packet, please let us know and we will arrange an alternative.

	<u>One</u>	<u>Two</u>	<u>Three</u>
<u>Option:</u>	Activity Kits	Activity Kits	Activity Kits
		Enrichment Zoom Classes	Enrichment Zoom Classes
			Weekly Social Hour
Monthly Cost	\$ 72	\$ 180	\$ 260

ECC - (September – December – for now)	Amount
Option 1: Activity Kits x _____ months	\$
Option 2: Activity Kits + Zoom Classes x _____ months	\$
Option 3: Activity Kits + Zoom Classes + Social Hour x _____ months	\$
Registration/Materials Fee – Required for all	+ \$50
Total	\$

Total amount enclosed: \$ _____ Date: _____

I hereby agree to pay Burbank Temple Emanu El the non-refundable registration/materials fee as specified above.

Parent Name

Parent Signature

Date

BTEE Early Childhood Center

TUITION & FEE PAYMENT AGREEMENT

Child's First Name:	Child's Last Name:	Child's DOB:
Parent 1 Name:		Parent 2 Name:
Parent 1 Phone: () -		Parent 2 Phone: () -
Parent 1 Email:		Parent 2 Email:
Home Address:		
City:	State:	Zip:
Address 2 (If different from above)		
City:	State:	Zip:
I authorize BTEE to automatically charge my credit card on file for tuition installments: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note: There is a 3% surcharge for every credit card transaction.</i>		Signature:

For School Office Use

Date Registered _____ Method of payment: check# _____ cash _____ CC _____	Number of payments: <input type="checkbox"/> Paid in full (September - December) <input type="checkbox"/> Paid monthly	Invoiced Tuition: inv # _____
Class Name:	New student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Joining as temple member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing contact: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both	