



**Beth Hagan Early Childhood Center**  
**REGISTRATION FORM & CONTRACT 2025-2026**

**STUDENT INFORMATION**

LAST NAME	FIRST NAME	HEBREW NAME	M/F	DATE OF BIRTH	AGE in Sept. 2025
1. <i>(Allergies, medications, food restrictions, special learning needs, etc.)</i>					
		<i>(Please print in English)</i>			
2. <i>(Allergies, medications, food restrictions, special learning needs, etc.)</i>					
		<i>(Please print in English)</i>			

<b>PEDIATRICIAN NAME</b>	<b>PEDIATRICIAN PHONE #</b>

<b>EMERGENCY CONTACT</b>			
FIRST AND LAST NAME	RELATIONSHIP TO CHILD	CELL PHONE	HOME PHONE
FIRST AND LAST NAME	RELATIONSHIP TO CHILD	CELL PHONE	HOME PHONE
FIRST AND LAST NAME	RELATIONSHIP TO CHILD	CELL PHONE	HOME PHONE

**Yve Fouladi, Director Beth Hagan**  
 yvefouladi@tign.org  
 482-7800 Ext. 1115, FAX 482-7352

<u>Tiny Toddlers</u>			PLEASE CHECK SESSION REQUESTED:*				
<u>Session</u>	<u>Days</u>	<u>Members</u>	<u>Non-Members</u>	<u>Session</u>	<u>Days</u>	<u>Members</u>	<u>Non-Members</u>
<input type="checkbox"/> 9:00 – 12:30	3 Days	\$7,175	\$7,475	<input type="checkbox"/> 9:00 - 2:00	5 Days	\$10,725	\$11,225
<input type="checkbox"/> 9:00 – 12:30	2 Days	\$4,790	\$4,990	<input type="checkbox"/> 9:00 - 3:00	5 Days	\$12,260	\$12,760 (M-Th, Fri-2:00)
<b>Tiny Toddler Program: Initial times 9:00 – 10:00 increasing hours based on group adjustment</b>				<b>Toddler Programs: Initial times 9:00 – 10:30 increasing hours based on group adjustment</b>			
<b>Additional Fees:</b> Lunch: 2 days - \$250      3 days - \$375 Security Surcharge of \$250 per family				<b>Additional Fees:</b> Lunch - \$750 Security Surcharge of \$500 per family			

<u>3's</u>			PLEASE CHECK SESSION REQUESTED:*				
<u>Session</u>	<u>Days</u>	<u>Members</u>	<u>Non-Members</u>	<u>Session</u>	<u>Days</u>	<u>Members</u>	<u>Non-Members</u>
<input type="checkbox"/> 9:00 – 3:00	3 Year Olds	\$10,930	\$11,430 (M-Th, Fri – 2:00)	<b>Additional Savings Offer++</b> Early Bird Special – Register by January 31 <sup>st</sup> and receive a discount of \$250. Discount will be reversed if any tuition payment is missed. Pay tuition in full with a check or cash by August 1 <sup>st</sup> , you will receive 3% off the cost of tuition Sibling Discount - \$350 (5 Days), \$210 (3 Day Tiny Toddler)			
<input type="checkbox"/> 9:00 – 3:00	4 Year Olds	\$10,930	\$11,430 (M-Th, Fri – 2:00)	Member discounts cannot exceed member dues <b>++There will be no exceptions to the additional savings offered++</b>			
<b>Additional Fees:</b> Security Surcharge of \$500 per family Lunch: \$950							

**Please complete the payment agreement on page 4.**

**TUITION SUBJECT TO INCREASE BY VOTE OF BOARD OF TRUSTEES.** Enrollment means agreement to pay full tuition as determined by the Board of Trustees. This contract is subject to acceptance by Temple Israel in its sole discretion. This contract will not be accepted unless accompanied by a **\$1000** registration deposit of which \$200 will be refundable by March 1, 2025. After this date no portion of the registration deposit will be refunded (except as set forth below).

**\* CLASS SESSIONS ARE DEPENDENT UPON ENROLLMENT. TEMPLE ISRAEL RESERVES THE RIGHT IN ITS SOLE DISCRETION NOT TO OFFER ANY SESSION.** In the event that your requested session is cancelled, you may be offered, at Temple Israel's sole discretion, the opportunity to register for another session. If you are not offered this opportunity, or if you choose not to select another session, your payments will be refunded.

**Class placement will be determined by various criteria. We will do our best to honor requests (made in writing) for certain classmates, but cannot guarantee this. Teacher requests cannot be honored.**

If, at the sole discretion of Beth HaGan it becomes necessary to discontinue a child's participation in the Nursery School Program, the tuition fees will be pro-rated. I/We understand that class placements and staffing decisions are made based on the representations set forth in this agreement.

I/We understand this agreement is binding under all circumstances, except in such cases wherein both school and parents agree that the child has not made a satisfactory adjustment.

If for any reason, our child must be withdrawn from the school before the end of the year, I/we agree to pay the full tuition.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ALL CHILDREN MUST BE IMMUNIZED TO REGISTER**

## TEMPLE ISRAEL ECC OF GREAT NECK SCHOOL REGISTRATION FORM



I GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, Facebook, in local newspapers, etc.

I DO NOT GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, Facebook, in local newspapers, etc.

Please complete the information below.

If you are already a Temple Member, or have enrolled for one of our schools in a previous year, please check one of the following:

- There have been no changes in my contact information in the last year.
- I have completed the information for any changes below.

If you are a new enrollee, please complete all information below.

**Adult #1 Information**

**Adult #2 Information**

First Name	Middle Initial	Last	First Name	Middle Initial	Last
Address			Address		
Home Phone		Fax	Home Phone		Fax
Mobile Phone			Mobile Phone		
Primary Email Address			Primary Email Address		
Occupation, Work Address and Phone			Occupation, Work Address and Phone		

Form will not be accepted without page 4.

I am registering my child(ren) for the following program (check all that apply) *The costs of each program are listed on page 2*

I have \_\_\_\_\_ child(ren) registering for Beth HaGan.

Choose Payment Plan

**SCHEDULE 1**

I am paying the entire balance in full today.

**SCHEDULE 2**

I am paying the registration fee only and will pay the various fees as follows: \$1000 today, 1/3 balance on April 1, 1/3 balance on September 1, 1/3 balance on December 1  
Your credit card will be charged 10 days after due date if payment is not received.

Choose Payment Type – (Check one)

**I am paying by check. I also agree to provide my current credit card information** as an alternate method of payment, and I am aware *that this credit card will be charged if there is an issue with the check clearing within ten days after the due date.*  
An alternate payment plan may be arranged by calling the Nathalie Hakimi at Extension 1114 at the time of registration.

**I am paying by credit card.** I understand that my credit card will be automatically charged according to the schedule selected above.

**PLEASE NOTE: THERE IS A 3% FEE ON ALL CREDIT CARD TRANSACTIONS. THERE IS A \$35 CHARGE FOR ALL DISHONORED CHECKS**

**MANDATORY INFORMATION** - ↓

**A valid credit card is required to be on file for all registrations.**

Charge my  American Express

Visa

Mastercard

Discover

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

**Please note: Any balances not on a scheduled payment plan with a credit card or postdated checks on file must be paid in full by March 1, 2026.**