



Temple Emanuel Early Childhood Center

January 10, 2024

Dear Families,

We are delighted that you have chosen to be a part of our community here at Temple Emanuel Early Childhood Center. This is an important and meaningful time in your families' life and we appreciate the opportunity to share in your child's growth and learning journey.

It is hard to believe that we are already looking ahead towards the 2024-2025 school year. Our priority enrollment period for currently enrolled children, siblings, and temple members begins today, January 10, 2024. Signed contracts and associated fees are due by February 5, 2024. After that date, registration will open to new families and your child's spot cannot be guaranteed.

Accompanying this letter you will find the 2024-2025 Tuition & Fee Schedule and Enrollment Contract. In setting fees, Temple Emanuel carefully considers both the needs of our families and the on-going expenses of operating our full-day, year-round program. For the 2024-2025 school year Temple Emanuel Early Childhood Center will operate from 8:00 am until 6:00 pm and families may choose to enroll in either a 10-month or 12-month program option. Enrollment eligibility is based on the child's age as of September 1, 2024. Children turning 2 years old after this date should speak to Dana Robinson directly to discuss enrollment options.

For children re-enrolling, signed contracts must be returned along with a \$275 annual activity fee. Siblings or temple members who are new to our program must return signed contracts along with a \$200 application fee, a \$275 annual activity fee, as well as a one-time deposit of \$500. In August, a community-wide security fee will also be due with the first month's tuition for all non-member contracts (Temple members are assessed this fee with their membership dues). The fee amount is yet to be determined by the Temple's Board of Trustees. (For the 2023-2024 school year, the annual security fee was set at \$300).

An updated Emergency Form must also be submitted at this time. MSDE Office of Child Care requires that this form be updated annually. To ensure that all forms are current in your child's file, we request it be completed and submitted along with your enrollment contract and payment. Children who are new to Temple Emanuel Early Childhood Center will be required to complete and submit additional pre-enrollment paperwork prior to the new school year.

Enrollment packets should be submitted directly to Dana Robinson or can be dropped off in the Temple's main office. Electronic submissions must be emailed to dana@templemanuelmd.org and eccadmin@templemanuelmd.org.

Please let me know if you have any questions.

We look forward to another wonderful year together!

Sincerely,



Dana Robinson
Director of Early Childhood, Temple Emanuel
dana@templemanuelmd.org



2024-2025 Tuition and Fee Schedule

NON-MEMBER TUITION RATE			MEMBER TUITION RATE		
Monthly Payment	10-Month Total	12-Month Total	Monthly Payment	10-Month Total	12-Month Total
\$2,141	\$21,410	\$25,692	\$1,860	\$18,600	\$22,320

Additional Fees & Discounts

Application Fee (New Students): \$200

Enrollment Deposit: \$500

(Paid per child upon initial enrollment; Refunded upon completion of final contract to accounts in good financial standing)

Annual Activity & Materials Fee: \$275

Sibling Discount: 5% discount on tuition for oldest child enrolled

Temple Emanuel Security Fee: TBD (Security fee included with Temple Members' annual dues; Non-member families will be assessed Security Fee with first month's tuition)



2024-2025 School Holidays and Closures

August 26, 2024: First Day of School

September 2, 2024: Labor Day – School Closed

October 2, 2024: Erev Rosh Hashanah – School Closed at 1:00 pm

October 3 & 4, 2024: Rosh Hashanah – School Closed

October 11, 2024: Kol Nidre – School Closed at 1:00 pm

October 17, 2024: Sukkot – School Closed

October 24, 2024: Simchat Torah – School Closed

November 27-29, 2023: Thanksgiving Break - School Closed

December 23, 2024 – January 1, 2025: Winter Break - School Closed

January 20, 2025: Martin Luther King Jr. Day - School Closed

January 21, 2025: Educator Professional Day – School Closed

February 17, 2025: President’s Day - School Closed

February 24, 2025: Family/Teacher Conferences - School Closed

April 14-21, 2025: Passover/Spring Break – School Closed

May 26, 2025: Memorial Day – School Closed

June 2, 2025: Shavuot – School Closed

June 19, 2025: Juneteenth – School Closed

June 27, 2025: Last Day of 10 Month Program

July 4, 2025: Independence Day – School Closed

August 15, 2025: Last Day of 12 Month Program

August 18-22, 2025: Inservice/Professional Development Week – School Closed

August 25, 2025: First Day of 2025-2026 School Year



**Temple Emanuel
Early Childhood Center Enrollment Contract 2024-2025**

Please read and complete both sides of this contract carefully and return the completed contract to Temple Emanuel, 10101 Connecticut Avenue, Kensington, MD 20895.

A. Child Information:

Last Name: _____ First Name: _____

Date of Birth _____ Pronouns _____ Member Family Yes No

Parent/Guardian 1

Last Name _____ First Name _____

Pronouns _____

Street Address _____ E-Mail _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2

Last Name _____ First Name _____

Pronouns _____

Street Address _____ E-Mail _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

B. Check the duration for which you are enrolling:

12 Month Enrollment (Aug. 26, 2024–Aug. 15, 2025) 10 Month Enrollment (Aug. 26, 2024–June 27, 2025)

C. Your child's age as of 9/1: _____ Months Old _____ Years Old

Enrollment Fees (Payment in full to accompany this completed contract. These are non-refundable.)

- \$200 Application Fee (*for new students only, if not already paid with application*)
- \$500 One-time Deposit per Child (*for new students only*)
- \$275 Annual Activity & Materials Fee
- Additional 3% if paying by credit card

*A community-wide annual security fee will be due with the first month's tuition for non-members.

Please indicate how you would like to pay:

- I have enclosed a check
- Please run the credit card* or ACH account on file, ending with these four digits: _____
- I will contact the Temple Office at 301-942-2000 to provide credit card* or ACH information
*please note that a 3% fee applies when paying by credit card

Signature _____

Terms of Temple Emanuel Early Childhood Center Enrollment Contract

- I understand that all required payments and fees are due with my signed contract in order to secure placement in the Temple Emanuel Early Childhood Center and that I am responsible for all payments during the contracted time. Along with the \$275 activity and materials fee, new students must also include a \$200 application fee (if not yet paid) and one-time \$500 deposit.
- I understand that all fees/tuition are **non-refundable** and must be paid in full in accordance with the tuition policy stated below, regardless of whether or not my child attends school during the enrollment period.
- I understand that this contract begins on the first day of the month my child begins to attend the ECC and continues through the entire 10-month or 12-month enrollment period. The tuition for the 2024-2025 school year is calculated based on the total number of months my child is attending.
- I understand that according to Maryland State Department of Education regulations, all enrollment and health forms must be current and submitted to Temple Emanuel Early Childhood Center by August 1, 2024 in order for my child to attend school.
- Upon my child's acceptance into the program, I give my permission for them to participate in all school activities.
- I understand that by signing this contract, I agree to all policies as laid out in the Parent Handbook.
- I understand that Temple Emanuel Early Childhood Center may terminate my child's enrollment if:
 - In the judgment of the Director, the child's behavior threatens the physical or mental health of other children in the program.
 - In the judgment of the Director, the program is not appropriate for the developmental needs of the child
 - In the judgment of the Director and a representative of the Board of Trustees of Temple Emanuel, parents do not uphold Temple Emanuel's philosophy of civility and cooperation.
 - I do not pay tuition by the monthly deadlines as laid out below and in the Parent Handbook.

Temple Emanuel Early Childhood Center Tuition Payment Policy

- Tuition is due the first of each month. Payments can be mailed or paid in person, using the drop box outside the main office on the first floor. Families whose payments have not been received by the 5th calendar day of the month will automatically be assessed a \$30 late fee. If an account is past due by 30 days or more, Temple Emanuel reserves the right to suspend attendance and/or withdraw a child from the program unless alternate arrangements have been made with the Temple Emanuel Executive Director.
- You may choose to make automatic payments through your bank account or by credit card.
- A \$35 fee will be assessed for any returned payments.
- Families with two occurrences of late payments within an enrollment year must prepay by check the remaining balance fees/tuition or arrange for automatic credit card or bank account payment.

This contract, along with payments, is due no later than August 1, 2024. If I decide not to enroll or withdraw my child from the program after that date, one month's tuition will be charged to my account.

I have read and agree to the above terms:

Parent/Guardian Signature(s): _____

Date: _____

CAFCP Enrollment: Yes: ___ No: ___

Meals your child will receive while in care:

BK ___ LN ___ SU ___ AM Snk ___ PM Snk ___ Evng Snk ___

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
 Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
 Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

Name of Person Authorized to Pick up Child (daily) _____
 Last First Relationship to Child

Address _____
 Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES

 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
 Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number



Temple Emanuel Payment Authorization

I, _____ (Full name), authorize Temple Emanuel to charge my checking account or credit card for my Temple Emanuel balance, on a monthly basis, based on a fiscal year running July-June. *(Please remember that credit card payments are 2.5% higher than checks or ACH.)*

In signing below, you agree that:

- Temple Emanuel has your permission to run payment for ALL charges billed to your account
- Membership Pledge Fees are charged monthly, spread evenly over the number of months remaining in the fiscal year
- Religious School tuition is charged $\frac{1}{2}$ in September and $\frac{1}{2}$ in January.
- The combined 7th Grade/B'nai Mitzvah Fee is charged monthly, spread evenly between the billing date and the date of the Bar or Bat Mitzvah
- TEECC Monthly Tuition and other Temple charges (group membership, dinners, events, ECC Challah orders, etc) will be charged in full, for the month in which they appear on your statement
- Payments will be run by the 10th of each month and you are responsible for any fees incurred due to funds not being available at the time of payment
- For TEECC Families: In the event that your payment is declined or returned, you are responsible for providing alternate payment within 2 business days of being contacted, or you will be subject to penalties as laid out in your TEECC Parent Handbook

Please run the Credit Card or ACH Account (please check one) on file, ending with these four digits: _____

My ACH or CC information is provided on back of this form

I will contact the Temple Office at 301-942-2000 to provide credit card or ACH information

Signature _____



Temple Emanuel ACH – Credit Card Account Information

Since this form has sensitive information – do not email it. It can be put in the payment box on the 2nd floor near the elevator or given to a member of the office staff. You can also call the office at 301-942-2000 and give the information over the phone.

Please fill this section out if paying by Automatic Checking Account (ACH)

Name: _____

Checking Account Number: _____

Checking Routing Number: _____

Signature: _____ Date: _____

Please fill this section out if paying by credit card (please note that the credit card payment amount is 2.5% higher than payments made by check or ACH)

Card Type: Visa MasterCard Discover

Credit Card Account Number _____

Credit Card Expiration Date _____

Name on Card _____

Billing Address of Card _____

Zip code _____ Email _____

Signature _____ Date _____