



Sarfan
Infant Toddler
Center

Sarfan Infant & Toddler Center
401 City Center Blvd Newport News, VA 23606
(757) 930-1422 www.ujcvp.org

2019-2020 Application

Child's Name _____
 Last First Middle

Address _____
 Street City State Zip

Phone # to list on roster _____ Email to list on roster _____

Home Phone _____ DOB _____ Gender _____

Parent 1: Name _____ Address: _____
 Cell _____ work #/other _____ E-Mail Address _____
 Workplace name and address: _____

Parent 2: Name _____ Address: _____
 Cell _____ work #/other _____ E-Mail Address _____
 Workplace name and address: _____

Placement of children will be decided by the Director based on the order in which applications are received, input from teachers, and concerns of parents/guardians.

The Sarfan Infant Toddler Center is open year-round to meet the need of our families.
Please let us know your needs by circling the below options.

<p>Infants 6 weeks - 12 mos. Part Time: (Up to 35 hrs/wk) \$1000/month Full Time: \$1150/month</p> <hr/> <p>Mazel Tots - 12 mos. to 24 mos. by Sept. 30th: Time: 9AM - Noon Tues/Thurs. \$270/month M/W/F \$320/month Mon - Fri \$400/month</p>	<p>Times requested _____ to _____</p> <hr/> <p style="text-align: center;">Monthly</p> <p>Before Care 7 AM: \$145 After Care to 3 PM: \$235 After Care to 6 PM: \$420</p>	<p>For School Use Only:</p> <p>_____</p>
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Required at Time of Registration: Enclosed is a NON-REFUNDABLE \$200 application fee per family plus first installment of total tuition per child. Check are made payable to the United Jewish Community. Total tuition includes tuition fees plus before and after care charges. Online payment options are available at www.ujcvp.org

Amount _____ Check # _____ Date Paid: _____

By the first day of school, we must receive the following.

Copy of Insurance Card _____ Copy of Birth Certificate _____ School Entrance Health Form _____ Tuition Payment _____

Emergency contacts in the event we cannot reach you:

Name Phone # Relationship

Name Phone # Relationship

Children will only be released to parents/guardians, emergency contacts or names below after verification of ID.

Name Phone #

Name Phone #

Name Phone #

Name Phone #

Name Phone #

Name Phone #

People NOT authorized to visit or pick-up your child. If it is a parent who has a legal right, any court order document must be on file.

Name _____ Relationship to child (if any) _____

Please circle: Single Married Separated* Divorced* * A custody agreement is required to be on file.

Child lives with: _____

Other adults living in the home: _____

Number of Children in the Family _____

Sibling Names	Birth Date	Age	Grade	Gender	Name of School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Affiliation with synagogue (please circle): Adath Jeshurun, Congregation Emet v'Or, Rodef Sholom, Temple Beth El, and Temple Sinai. Unaffiliated or I identify myself as Jewish, or Other _____.

Please list all allergies that are relevant to preschool:

Please list any medications that the child takes on a regular basis, medical diagnosis, any potential problems or unusual aspects of the child's life that might affect his/her performance at school or that we should be aware of. _____

Physician and Hospital Information:

For major medical emergency, 911 will be called. For a minor injury, a child will be transported by a UJC employee to Riverside Regional Medical Center unless otherwise specified. Please list the medical and dental contacts.

Family Physician Name Practice Address Phone Number

Dentist's Name Practice Address Phone Number

Child's Insurance Subscriber Name Policy # Phone Number

If you are able to occasionally be a classroom substitutes, please list below:

Name _____ Circle availability M T W Th F

Sarfan Early Childhood Center Terms and Agreements

All prior financial obligations to the United Jewish Community must be fulfilled before registration is accepted.

- Application Fee:** \$200/ family – Plus the first installment payment.
- Tuition:** Your tuition is due by the first of each month.
- Delinquent Account:** Tuition received after the 10th day of the month will incur a \$20 late fee. A \$35 fee will be assessed to a member's account for each occurrence of a returned check, direct checking debit or credit card payment. Accounts for which payments have not been received within thirty (30) days of service will be considered delinquent. The UJC will make initial attempts at collection via phone call or written request. We will allow reasonable response time to resolve the delinquent balance. If initial attempts do not resolve the balance, or we receive no response to related requests, we will send the delinquent account to collections, and your child will not be able to return to school until the matter is resolved.
- Transportation:** My child(ren) has/have permission to be transported by bus and or van provided by Preschool. Children will be supervised and accompanied by preschool staff at all times.
- Photograph and Video Permission:** Children at the Sarfan Early Childhood Center may occasionally have their photo, name, image or likeness used for UJC publications (including our website and newsletter) and promotions (including articles, radio or television entities.) and for publicity purposes. The UJC has my permission to do this.
- I hereby request that the above named child be enrolled in the Sarfan Early Childhood Center for the school year of 2019-2020. I understand I have an obligation for the full tuition for the program(s) I have selected for my child, regardless of his or her attendance. I understand that in the event of a vacation or illness or any other prolonged absence from the school, the tuition must be paid in full. No refunds are provided. I understand that returning this registration form to the office with the non-refundable deposit will register my child for the 2019-2020 school year.
- I understand and accept full financial responsibility for all fees and payments related to participating in the Sarfan Early Childhood Center program including all school fees and before care and after care fees if selected. I understand I will receive a copy of the preschool handbook the first week of school and will abide by the information and rules.
- Enrollment in the Sarfan Early Childhood Center includes a family Programming Passport membership.

I have read the statements and agree to the above mentioned terms. I agree to adhere to the rules and regulations of the Sarfan Early Childhood Center.

Parent/Guardian Signature _____ **Date** _____