



**BCS KOL AMI EMANU-EL CAMPUS  
2026-27 REGISTRATION FORM**

8200 Peters Road Plantation, Florida 33324 Telephone: 954-472-8700

**STUDENT #1 Information**

First / Last Name	Nickname	Gender
Birthdate (m/d/y)	Level (T,PN,N)	# of Days
		Time Schedule

**STUDENT #2 Information**

First / Last Name	Nickname	Gender
Birthdate (m/d/y)	Level (T,PN,N)	# of Days
		Time Schedule

<p><b>TODDLER</b> 09/02/24 – 08/30/25 M, W, F 1:00 M, W, F 3:00 M – F 1:00 M – F 3:00</p>	<p><b>PRE-NURSERY</b> 09/02/23 – 09/01/24 M, W, F 1:00 M, W, F 3:00 M – F 1:00 M – F 3:00</p>	<p><b>NURSERY</b> 09/02/22 – 09/01/23 M – F 1:00 M – F 3:00</p>
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**Family Information**

Dr/Mr/Mrs/Ms	Parent 1 Name	Birthdate (m/d/y)	Dr/Mr/Mrs/Ms	Parent 2 Name	Birthdate (m/d/y)
Address, City and Zip			Address, City and Zip		
Mobile Phone		Work Phone	Mobile Phone		Work Phone
Email		Occupation	Email		Occupation
Parent's Wedding Anniversary Date					

**Current Temple Member:** Yes  Joining  Returning Students agree to pay 2026-2027 membership Dues No

**Other Children:**

Name (First/Last)	Birthday (m/d/y)	Grade	Gender
Name (First/Last)	Birthday (m/d/y)	Grade	Gender
Name (First/Last)	Birthday (m/d/y)	Grade	Gender

**Yahrzeit Information (optional)**

Name of Deceased	Date: Hebrew / English	Member Name	Relationship
Name of Deceased	Date: Hebrew / English	Member Name	Relationship

STUDENT NAME: \_\_\_\_\_

DATE \_\_\_\_\_

By signing this agreement, I (we) understand and agree that the timely payment of tuition and all other current obligations pursuant to the schedule of payments is important to the operation of the school and Temple. I (We) understand that all statement balances are due the first of each month, beginning June 1<sup>st</sup> through March 1<sup>st</sup>. I (We) agree that in the event I (we) fail to make a tuition payment and to satisfy all other obligations due the Temple and/or School, as stated herein and on my monthly invoices, and the payment is not received on or before the 10<sup>th</sup> of each month, beginning June 1 through March 1, 2027, my (our) credit/charge card for which I (we) have a signed authorization form, shall be charged in the amount of the payment due (plus a 2.5% processing fee) as noted on the statement, utilizing the "full" tuition rate (that is to say, not the discounted rate for checks or cash). The credit card charge shall be processed by Broward Central Synagogue without additional notification. I (We) understand that once the credit card is charged, the charges against it will not be reversed.

All students are enrolled for the entire year unless it is expressly agreed to the contrary. Should the application be withdrawn before April 1, 2026, the registration fee and the tuition deposit will be retained by the school, but there is no obligation to pay other sums. By signing this application, I (we) agree to pay the full year's tuition and fees. I (We) agree that no reduction of my (our) obligation to pay the full year's tuition and fees can be otherwise made for absence, voluntary withdrawal, or expulsion. Students will not be allowed to continue to attend classes unless tuition is paid by the stated deadlines. The school has the right to terminate the attendance of any student for any reason whatsoever, if such determination is deemed by the school administration to be in the best interest of the school or due to your failure to pay part or all of your financial obligations to the school. **No changes to this agreement shall be effective unless pursuant to a written and signed agreement.** All deposits and application/registration fees are governed by the policies listed below:

*Students are placed in a specific class based upon many variables. Most importantly, the goal is to provide the best educational environment for each and every child entrusted to our care. The following factors are considered: date of registration, birth dates, boy/girl ratio, specific dismissal times, Temple membership, and if applicable, behaviors of children and input from previous year's teachers. We want to assure you that every possible effort will be made to correctly place your child within a classroom environment so that his/her learning and growth opportunities will be maximized. Equal consideration is given to each and every child's needs to find the best combination of students in each classroom. We believe that each and every one of our teachers is a wonderful, caring and committed educator. While it is strictly within the purview of the educators and administrators to make classroom assignments, we welcome any information about your child that you feel would be helpful in enabling us to make these decisions. We thank you in advance for your cooperation.*

#### **PAYMENTS AND REFUNDS**

1. A **non-refundable** registration fee and 20% **non-refundable** tuition deposit are due at the time of registration.
2. A 2% discount on tuition will be given if the tuition, temple dues, building fee and security fee are paid in full by June 1, 2026. \_\_\_\_\_ (Initial)
3. There are no refunds or credits for children who are out sick or on vacation for a long period of time. You may not "make up" days for school holidays. An extended care rate of \$13.50 an hour or any part of any hour will be charged for any extra days.
4. The tuition and all Temple and School obligations and commitments must be paid **in full** by the final payment date of March 1, 2027. \_\_\_\_\_ (Initial)
5. All students must have up to date physical and immunizations forms. Medical exemptions will need to be approved by the board. \_\_\_\_\_ (Initial)
6. There is a \$500 tuition credit for a second child and \$750 credit for every child thereafter in the Early Childhood Program.
7. Broward Central Synagogue members receive a substantial tuition discount. See Stephanie Wurtenberger for further information regarding membership.
8. Registration amounts, tuition fees and placement policy are set by the Board of Education and approved by the Broward Central Synagogue Board of Directors.
9. There will be \$35.00 schedule change fee added on to your tuition bill after the first schedule change. \_\_\_\_\_ (Initial)
10. There will be a \$35.00 penalty fee for returned checks. \_\_\_\_\_ (Initial)
11. There will be a \$35.00 late fee if payment is not made 10 days after the tuition due date. \_\_\_\_\_ (Initial)
12. I/We understand that each month beginning June 1<sup>st</sup> through March 1<sup>st</sup>, I/we owe one-tenth of the total amount due to the Temple. This includes all tuition, fees, funds and dues. \_\_\_\_\_ (Initial)
13. I/We have a valid credit card on file and that card will be charged the full amount due (plus 3% processing fee) if payment, as noted above, is not received by the 10<sup>th</sup> of each month. \_\_\_\_\_ (Initial)
14. New families will receive free Temple membership for the first year of school.
15. Early/Extended care will be charged to your credit card on file at the end of the month at a rate of \$13.50/hr or any portion of an hour with a cap of \$420.00/month/child if pre-paid. \_\_\_\_\_ (Initial)
16. Friend requests will be taken with no guarantees. **We will not consider teacher requests.** All requests must be sent to [skatz@tkae.org](mailto:skatz@tkae.org). \_\_\_\_\_ (Initial)

#### **Early Childhood Refund and Transfer Policy:**

The deposit and the registration/application fees shall **neither be transferable nor refundable**. Only the tuition monies paid over and above what is due at that time may be refunded upon written request to the school. That which is due and has been paid but not earned by a child's attendance may be transferred to Temple Membership, religious school tuition, building fund, security fee or capital fund pledge. Under no circumstances shall tuition monies be credited to any other membership fees or other Temple obligations. Any amount which is non-transferable shall be set aside and credited to the Tuition Assistance Program of the Early Childhood Program. Tuition will be refunded **only** if a family moves thirty (30) or more miles from the Temple, or if the school administration for whatever reason (i.e. educational, psychological, developmental, etc.) is not able to accept the child after registration. The registration fee will remain non-refundable.

**Broward Central Synagogue prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race, religion or sexual orientation.**

**Broward Central Synagogue admits students of any race, color, religion, or national ethnic origin and does not discriminate in the administration of its educational policies, scholarship programs, or other school administered programs.**



BCS KOL AMI EMANU-EL CAMPUS
CREDIT CARD AUTHORIZATION FORM

It is our policy that every family has a credit card on file, even if you will be paying by cash or check. In the event that your payment in the form of cash/check is not received on or before the 10th of the month in which it is due, a charge will be processed in the amount of the payment due. This will process automatically without additional notification. This charge will not be reversed for any reason.

Student Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Payment Schedule: Please charge my credit card for my School/Temple obligation as follows:

- ONE (1) payment now for the entire tuition, fees, registration, Temple membership dues, security fees, etc. which are due. I will receive a 2% discount on tuition only for payment in full.
Ten (10) Monthly payments for all my fees, including among other, tuition, security fee, Temple dues (where applicable), building fund, and all other applicable fees. This will automatically be charged on the 1st of the month (June 2026 – March 2027). Any additional amounts incurred, such as extended care or enrichments, will be charged as used.
One (1) payment now for the deposit and registration fee for my child.
Please charge my credit card for all billing.

Credit Card Information

- VISA MASTERCARD AMEX DISCOVER

Name on Credit Card: \_\_\_\_\_
Signature on Credit Card: \_\_\_\_\_
Credit Card Number: \_\_\_\_\_ Exp. Date/CVC CODE \_\_\_\_\_
Credit Card Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I authorize BCS to charge my credit card the amount billed for School/Temple obligations as selected above. The amount billed includes the "full price," which is 3% more than the discounted cash price.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that my payment in the form of cash/check is not received on or before the 10th of the month in which it is due, a charge will be processed in the amount of the payment due. There will be a \$35.00 late fee if payment is not made 10 days after the tuition due date.



<u>Schedule</u>	<u>2026 – 2027 Cash/Check Tuition</u>	<u>20% Deposit Plus Applicable Registration Fee</u>	<u>Payment Plan 10 payments due 6/1/26 – 3/1/27</u>
Mon., Wed. & Fri. 9:00 a.m. – 1:00 p.m.	Non-Member \$12,480.00 Member \$,9640.00	\$2,496.00 (plus registration) \$1,928.00 (plus registration)	\$ 998.40 \$ 771.20
Mon., Wed. & Fri. 9:00 a.m. – 3:00 p.m.	Non-Member \$15,135.00 Member \$11,730.00	\$3,027.00 (plus registration) \$2,346.00 (plus registration)	\$ 1210.80 \$ 927.20
Monday – Friday 9:00 a.m. – 1:00 p.m.	Non-Member \$15,500.00 Member \$11,820.00	\$3,100.00 (plus registration) \$2,364.00 (plus registration)	\$ 1,240.00 \$ 945.60
Monday – Friday 9:00 a.m. – 3:00 p.m.	Non-Member \$17,025.00 Member \$13,605.00	\$3,405.00 (plus registration) \$2,721.00 (plus registration)	\$ 1,362.00 \$ 1,088.40

**Registration Fee:**

**New Students \$250.00**  
**Returning Students \$180.00**

**Building Fee Per Family:  
Building Fund Per Family:**

**Non-Members \$500.00**  
**Members \$2,500.00 over five years**

**Annual Security Fee Per Family:**

**Non-Member \$425.00\*\* (pending BCS Board Approval)**  
**Member \$400.00\*\* (pending BCS Board Approval)**

**FUNDING OUR TUITION ASSISTANCE PROGRAM**

The funding for the Tuition Assistance Program only comes from the generosity of individuals, businesses, and the Broward Central Synagogue’s TKAE Parent Teacher Organization (PTO). If you are blessed to be in a position to help enable another child to attend the Broward Central Synagogue’s Kol Ami Emanu-El Early Childhood Program, your generous contributions will be most appreciated. If you are able, please note your level of participation. Thank you.

**Tuition Assistance Voluntary Donation (Per Month) \$18.00 \_\_\_ \$36.00 \_\_\_ Other \_\_\_**

**INDEMNITY and RELEASE:** I understand that all possible precautions are taken to ensure that the programs and activities at Broward Central Synagogue’s Early Childhood Program are conducted in a safe and responsible manner. I further understand that regardless of the high degree of supervision, there is potential for injury during any school activity. I do recognize these risks and agree to allow my child to participate in all activities offered in the school program in which I am enrolling my child. I agree on behalf of my child and myself to assume the risks associated with all activities which occur at Broward Central Synagogue. I hereby release and agree to hold harmless Broward Central Synagogue, its officers, trustees, directors, employees and agents from, and hereby waive any claim, as to any injury or other harm that may occur to my child while attending Broward Central Synagogue, or any injury or harm that may occur to me as a result of the injury or harm suffered by my child. This release and indemnity agreement specifically includes but is not limited to (a) any claim of negligence or negligent supervision against Broward Central Synagogue, its officers, trustees, directors, employees, and agents; and (b) any injury or harm that may occur while my child is otherwise on the property used by Broward Central Synagogue, before or after the scheduled school hours for any reason whatsoever.

**Tuition Assistance Voluntary Donation (Per Month) \$18.00 \_\_\_ \$36.00 \_\_\_ Other \_\_\_**

(For Office Use Only)
Tuition: _____
Registration: _____
Security Fee: _____
Building Fee/Fund: _____
Temple Dues: _____
Total: _____

(For Office Use Only)
Date of Registration: _____

(For Office Use Only)
Total Amount Paid: _____
Balance Due: _____
10 Monthly Payments _____

**I have read, understand and agree to these conditions for enrolling my child/children in the BCS Kol Ami Emanu-El’s Early Childhood Program. I agree to pay all monies due including, but not limited to tuition, registration fee, security fee and building fee/fund. I have read and understand BCS’s expulsion policy as written in the Parent Manual.**

**Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Your signature is required for the registration information to be processed.**