



2008-2009 *Registration, Tuition Policy & Parent Consent*

The Jewish Federation of New Hampshire Preschool is dependent on the timely payment of tuition to meet its contractual obligations to teachers and suppliers. In order to provide quality educational programs we have developed the following guidelines:

1. I/We request that _____ (child's name) be admitted to the JFNH Preschool for the 2008-2009 academic year.
2. I/We understand that the deposit and registration fee must accompany this form and that it is non-refundable and non-transferable unless the child is not accepted into the program.
3. I /We understand that as the parent/guardian registering the above-named child I/We, alone, am/are responsible for the fees as outlined in the parent contract.
4. I /We understand that if I/We withdraw my/our child from the program that I/We am/are responsible for the remaining balance of the fees until that slot is filled.
5. **I/We understand that the fees represent the cash discount rates and if I/We choose to pay by credit card, 2% will be added on.**
6. I /We understand that a medical form must be filled out, signed and returned before the first day of class.
7. I /We give permission for the above named participant to go on out-of-facility field trips. I/We release the Jewish Federation of New Hampshire and all persons acting on its behalf from any acts or omission, exclusive of negligence, regarding the above name child at both on and off campus facilities.
8. I/We give the Jewish Federation of New Hampshire permission to photograph my child to be included in photos and videos for publicity purposes in a variety of media, including but not limited to, brochures, advertisements and the JFNH web site. My child's name will not be used with the picture.
9. I /We understand that the Jewish Federation of New Hampshire is not responsible for personal property.

I have read and agreed to all the above policies.

Parents Signature _____ Date _____

Please let us know your Program Choice (Letter from Fee Schedule) _____
(LETTER)

OVER

Total tuition amount must be secured by cash, check, or credit card

Method of payment: (Check one)

Cash Post-Dated Check (s) *enclosed* Check(s) to be mailed** Credit Card

** This option must be secured by filling out credit card information. If check is not received by the 5th of the month, your credit card will be charged.

A \$25.00 fee will be assessed for any returned check

Credit card type: (Circle one)

VISA

Mastercard

Card # _____

Expiration Date _____

Cardholder Name _____

Signature _____

Non-refundable deposit of \$100 and non-refundable registration fee of \$50 must accompany this application.

Parent (Guardian) Signature

Date

Parent (Guardian) Signature

Date

Financial Aid

Please send Financial Aid application

The Jewish Federation of New Hampshire has limited funds available for tuition assistance. Financial aid is granted on "Needs based" criteria, subject to available scholarship pool.

- ***Any family receiving financial Aid WILL NOT have their deposit deducted from final payment.***

Payment Plan

PAYMENT PLAN (Check one)

PLAN 1

Payment in full
Prior to 8/1/08

PLAN 2

Two equal payments
due
8/1/08 and 12/1/08

PLAN 3

Eight equal consecutive
monthly payments
beginning 8/1/08