



Kuhn Early Childhood Center
2151 Riverside Drive, Coral Springs, FL 33071
954-753-3232, ext. 214; Fax: 954-753-2559
email: eccdirector@templebethorr.org

License #45261



Welcome to Temple Beth Orr's Kuhn Early Childhood Center!!

We look forward to your child and your family joining us for the 2022-2023 school year. Attached is our tuition schedule along with our registration form. Our school offers a 5% discount on the annual tuition **if paid in full by August 1, 2022**. We also offer a 10-month payment plan (August-May). The monthly payment will be based on your annual tuition. Our 2022-2023 school year will be open 180 school days according to Broward County School's required 180 school day calendar. There are no refunds for missed days, illness (such as the Covid-19 Virus) holidays or vacations. Once your application along with the \$150.00 registration fee (per student) is submitted a letter of financial agreement will be given to you. Please return your signed financial agreement as soon as possible.

***A current Florida School Entry Health Exam form and Florida Immunization form must be on file before admittance.**

We offer **FREE** membership to our Temple Beth Orr ECC families whose oldest child is enrolled in our early childhood center. The attached 2022-2023 membership form must be completed for the free membership.

Teacher Requests!!! *We choose your child's classroom placement carefully by considering your child's learning style and the needs of each class (age, gender, child combinations). We ask that you trust our judgement unless you have very special circumstances. If this is the case, a letter in writing must be submitted to the director. We will do our best to consider your request but cannot guarantee placement.*

We look forward to a wonderful school year with your family!



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2022-2023 TUITION

	5 Days	3 Days
9:00am-1:00pm	\$8,283.00	\$6,883.00
9:00am-3:00pm	\$9,368.00	\$7,796.00
Full Time (7:00-5:30)	\$11,423.00	\$9,615.00
9:00am-1:30pm VPK	\$5,241.00	X
9:00am-3:00pm VPK	\$6,326.00	X
Full Time VPK (7:00-5:30)	\$8,554.00	X

FREE

Temple Beth Orr

Membership

For families whose oldest child attends the ECC.

*Temple form must be completed for membership.

Registration: \$150.00 (Due at sign up, non-refundable)
Security \$300.00 (Due August 1, 2022)
PTO Dues: \$54.00 (Due August 1, 2022)

*3% convenience fee will be added for each credit card transaction.

- 10% sibling discount off tuition
- Children may arrive at their classroom five minutes before scheduled time.
- Children must be picked up at their scheduled time. A CASH ONLY late fee payment will be assessed as follows: \$1.00/per minute after scheduled pick-up time; **after closing at 5:30 p.m.** \$10.00 for the first five minutes then \$1.00 added for each additional minute—CASH FEES TO BE PAID ON DAY OF LATE PICKUP.
- Extra hour in addition to child's schedule - \$12.00/hour **when space is available.**
- Change in schedule fee- \$25.00; Temporary withdraw/re-registration fee \$150.00.
- There are no tuition refunds for missed days/illness (such as the Covid-19 Virus); holidays or vacations.
- Temple Beth Orr membership is **INCLUDED** for families whose oldest child is attending the ECC.
- **VPK rate requires voucher. Register at <https://familyservices.floridaearlylearning.com/Account/Login>**



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2022-2023

Student Information:

Date _____

Child's Name _____ Date of Birth _____ M or F (circle)

Room assigned (leave blank) _____

Estimated Primary Hours of Care _____ to _____ Days (Please Circle) M T W Th F

Family Information:

Guardian 1 Name _____ Email _____

Address (include city, zip): _____

Home Phone _____ Cell: _____ Work Phone: _____

Guardian 2 Name _____ Email _____

Address (include city, zip): _____

Home Phone _____ Cell: _____ Work Phone: _____

Lives With: Mother _____ Father _____ Both _____ Other _____

Medical Information:

Doctor: _____ Address: _____ Phone: _____

I hereby grant permission for the staff of Temple Beth Orr's Early Childhood Center to contact the following medical personnel or to call 911 to obtain emergency medical care if warranted.

_____ Guardian Signature

Please list allergies, special medical or dietary needs or other areas of concern:

My child may participate in all school activities. _____ Guardian Signature

FLORIDA STATE LAW requires the Florida School Entry Health Exam and Certification of Immunization forms be on file before a child can attend school.

Contacts: Child will be released to the custodial parent/guardian and the persons listed below. The following people will also be contacted in case of illness, accident or emergency, if for some reason, the parent/guardian cannot be reached.

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

List Persons who may **NEVER** remove child from school: _____

ALL SCHOOL DEPOSITS AND PAYMENTS ARE NON-REFUNDABLE & NON-TRANSFERABLE. There are no refunds for missed days/illness, holidays or vacation. Children who are sent home with fever, conjunctivitis, vomiting, diarrhea or illness **may not return to school the next day**, and may require a doctor's note to return. **I have read and understand the school rules and billing policy.**

GUARDIAN SIGNATURE _____