



Beth HaGan Early Childhood Center REGISTRATION FORM & CONTRACT 2026-2027

STUDENT INFORMATION

LAST NAME	FIRST NAME	HEBREW NAME <small>(Please print in English)</small>	M/F	DATE OF BIRTH	AGE in Sept. 2026
1.					
<small>(Allergies, medications, food restrictions, special learning needs, etc.)</small>					
2.					
<small>(Allergies, medications, food restrictions, special learning needs, etc.)</small>					

PEDIATRICIAN NAME	PEDIATRICIAN PHONE #

EMERGENCY CONTACT			
FIRST AND LAST NAME	RELATIONSHIP TO CHILD	CELL PHONE	HOME PHONE
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Yve Fouladi, Director Beth HaGan
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Tiny Toddlers		PLEASE CHECK SESSION REQUESTED:*		Toddlers		PLEASE CHECK SESSION REQUESTED:*	
<u>Session</u>	<u>Days</u>	<u>Members</u>	<u>Non-Members</u>	<u>Session</u>	<u>Days</u>	<u>Members</u>	<u>Non-Members</u>
<input type="checkbox"/> 9:00 – 12:30	3 Days	\$7,534	\$7,849	<input type="checkbox"/> 9:00 - 2:00	5 Days	\$11,262	\$11,787
<input type="checkbox"/> 9:00 – 12:30	2 Days	\$5,030	\$5,240	<input type="checkbox"/> 9:00 - 3:00	5 Days	\$12,873	\$13,398 (M-Th, Fri- 2:00)

<u>PLEASE CHECK SESSION REQUESTED:*</u>			
<u>Session</u>	<u>Days</u>	<u>Members</u>	<u>Non-Members</u>
<input type="checkbox"/> 9:00 – 3:00	3 Year Olds	\$11,477	\$12,002 (M-Th, Fri – 2:00)
4's			
<input type="checkbox"/> 9:00 – 3:00	4 Year Olds	\$11,477	\$12,002 (M-Th, Fri – 2:00)

Please complete the payment agreement on page 4.

TUITION SUBJECT TO INCREASE BY VOTE OF BOARD OF TRUSTEES. Enrollment means agreement to pay full tuition as determined by the Board of Trustees.

This contract is subject to acceptance by Temple Israel in its sole discretion. This contract will not be accepted unless accompanied by a \$1000 registration deposit of which \$200 will be refundable by March 1, 2026. After this date no portion of the registration deposit will be refunded (except as set forth below).

*** CLASS SESSIONS ARE DEPENDENT UPON ENROLLMENT. TEMPLE ISRAEL RESERVES THE RIGHT IN ITS SOLE DISCRETION NOT TO OFFER ANY SESSION.** In the event that your requested session is cancelled, you may be offered, at Temple Israel's sole discretion, the opportunity to register for another session. If you are not offered this opportunity, or if you choose not to select another session, your payments will be refunded.

Class placement will be determined by various criteria. We will do our best to honor requests (made in writing) for certain classmates, but cannot guarantee this. Teacher requests cannot be honored.

If, at the sole discretion of Beth HaGan it becomes necessary to discontinue a child's participation in the Nursery School Program, the tuition fees will be pro-rated.

I/We understand that class placements and staffing decisions are made based on the representations set forth in this agreement.

I/We understand this agreement is binding under all circumstances, except in such cases wherein both school and parents agree that the child has not made a satisfactory adjustment.

If for any reason, our child must be withdrawn from the school before the end of the year, I/we agree to pay the full tuition.

Mother's Signature:

Date:

Father's Signature:

Date:



TEMPLE ISRAEL ECC OF GREAT NECK SCHOOL REGISTRATION FORM



I GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, Facebook, in local newspapers, etc.

I DO NOT GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, Facebook, in local newspapers, etc.

ALL CHILDREN MUST BE IMMUNIZED AND HAVE A COMPLETED MEDICAL ON FILE FOR REGISTRATION TO BE COMPLETED

Please complete the information below.

IF YOU ARE ALREADY A TEMPLE MEMBER, OR HAVE ENROLLED FOR ONE OF OUR SCHOOLS IN A PREVIOUS YEAR,
please check one of the following:

- There have been no changes in my contact information in the last year.
- I have completed the information for any changes below.

IF YOU ARE A NEW ENROLLEE, please complete all information below.

Adult #1 Information

First Name	Middle Initial Name	Last
Address		City, State, Zip
Home Phone	Fax	
Mobile Phone		Mobile Phone
Primary Email Address		Primary Email Address
Occupation, Work Address and Phone		

Adult #2 Information

First Name	Middle Initial Name	Last
Address		City, State, Zip
Home Phone		Fax
Mobile Phone		
Primary Email Address		
Occupation, Work Address and Phone		

FORM WILL NOT BE ACCEPTED WITHOUT PAGE 4.

I am registering my child(ren) for the following program (check all that apply) ***The costs of each program are listed on page 2***

I have ____ child(ren) registering for Beth HaGan.

Choose Payment Plan

SCHEDULE 1

I am paying the entire balance in full today.

SCHEDULE 2

I am paying the registration fee only and will pay the various fees as follows: \$1000 today, 1/3 balance on April 1,

1/3 balance on September 1, 1/3 balance on December 1

Your credit card will be charged 10 days after due date if payment is not received.

Choose Payment Type – (Check one)

I am paying by check. I also agree to provide my current credit card information as an alternate method of payment, and I am aware that this credit card will be charged if there is an issue with the check clearing within ten days after the due date.
An alternate payment plan may be arranged by calling the Nathalie Hakimi at Extension 1114 at the time of registration.

I am paying by credit card. I understand that my credit card will be automatically charged according to the schedule selected above.

**PLEASE NOTE: THERE IS A 3% FEE ON ALL CREDIT CARD TRANSACTIONS.
THERE IS A \$35 CHARGE FOR ALL DISHONORED CHECKS**

MANDATORY INFORMATION -

A valid credit card is required to be on file for all registrations.

Charge my

American Express

Visa

Mastercard

Discover

Account Number

Exp. Date

Cardholder Name

Cardholder Signature

Billing Zip Code

Please note: Any balances not on a scheduled payment plan with a credit card or postdated checks on file must be paid in full by March 1, 2027.