



## Ready, Set, Two's!

*FOR CHILDREN WHO ARE PREPARING FOR THE 2 YEAR-OLD CLASS*

Ready, Set, Two's is designed for children around 19 months old. The children come by themselves and enjoy a morning packed with age appropriate activities.

This class is held 3 days a week:

Monday, Wednesday, and Friday, from 9:00-11:45.

You have the option to have your child attend 1, 2, or 3 days a week. This class runs the whole school year and follows the regular school calendar.

The tuition for this class is a monthly fee:



\$120.00 for 1 day per week

\$220.00 for 2 days per week

\$320.00 for 3 days per week

Temple Beth-El Preschool  
579 North Nova Road  
Ormond Beach, FL 31274  
(386) 675-6630

Office use
Date: _____
Check #: _____
Tuition: _____

**APPLICATION FORM**  
**Ready, Set, Two's**  
2018/2019

**Registration/Supply Fee \$75.00 (nonrefundable & due at time of registration)**  
*Spaces reserved according to the date registration form and fee are received.*

Name of Child \_\_\_\_\_

Nick Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender: Boy / Girl

Home Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Contact: 1<sup>st</sup> / 2<sup>nd</sup>

Email Address (please print clearly): \_\_\_\_\_

Address If Different \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Contact: 1<sup>st</sup> / 2<sup>nd</sup>

Email Address (please print clearly): \_\_\_\_\_

Address If Different \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Brothers & Sisters:	Name	Age
	_____	_____
	_____	_____

Please indicate which class you are registering for:

**1 Day per Week:** \_\_\_\_\_ Circle Preferred Day – Monday / Wednesday / Friday

**2 Days per Week:** \_\_\_\_\_ Circle Preferred Days – Monday / Wednesday / Friday

**3 Days per Week:** \_\_\_\_\_ Monday/Wednesday/Friday

I give \_\_\_ do not give \_\_\_ (please check one) permission for my child to be photographed and or videotaped and to have those pictures appear in any media coverage, publications, school events or web page for TBE Preschool. No names will be associated with the pictures.

**PLEASE COMPLETE OTHER SIDE**

DOES YOUR CHILD HAVE ANY PHYSICAL OR EMOTIONAL DISABILITES, WHICH WOULD LIMIT HIM/HER FROM PARTICIPATING IN THE FULL ACTIVITIES OF THE SCHOOL? \_\_\_\_\_

If yes, please explain

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In Case of Emergency, Please Contact (if parents are unavailable):

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical problems or food allergies that the school should be aware of:

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Please list members and phone numbers of people in your car pool and list anyone who would be picking up your child on a regular basis.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

#### DISCIPLINE POLICY

Temple Beth-El School tries to maintain a very positive environment at all times. In case a child misbehaves, he/she will be asked to sit in the "time out" chair to think about the circumstances that put him/her there. The teacher times this period. When timeout has ended, the teacher will discuss the situation with the child and offers solutions that are more appropriate. If the inappropriate behavior becomes excessive, or hurtful to other children, the parents will be called in for a conference. We use many positive reinforcements (stickers, awards, hugs, pats on the back, etc.) to reward the good or appropriate behavior. If a child is having a very serious behavior problem, we will put him/her on a behavior modification program. If a child becomes hurtful to him/herself or to the other children, we have the right to ask that child to withdraw from the school.

**Section 65C-22.0069(2), F.A.C., requires a current physical examination 9(Form 3020) and immunization record (Form 680 or 681) within 30 days of enrollment.**

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your child Care Facility" (CF/PI 175-24)

I HAVE READ/RECEIVED THE ABOVE DISCIPLINE POLICY /BROCHURE

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_