Little Tides at Temple Emanu-El

455 Neptune Boulevard, Long Beach, New York 11561
Office: (516) 713-5518 Email: tenurseryschool@aol.com

After Care Program 2025-2026

(East school families)

in house at Little Tides at Temple Emanu-El

(Students will be escorted over to East at 8:45am)

at 455 Neptune Blvd (side entrance on East Chester Street)

Registration Deadlines and Start Dates

If paperwork & payment is received by:	The child may start the program week of:
Thursday, August 14, 2025	Wednesday, September 3, 2025 (1st day of School)
Friday, September 5, 2025	Monday, September 8, 2025
Thursday, September 15, 2025	Monday, September 19, 2025
Thursday, September 22, 2025	Wednesday, September 26, 2025

IF YOU WOULD LIKE YOUR CHILD TO BEGIN THE PROGRAM ON THE FIRST DAY OF SCHOOL, WE STRONGLY RECOMMEND THAT YOU REGISTER IN ADVANCE.

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After Care School Program
Grades Pre-k to 5th grade
For East School families

After Care program details-
Program starts at 3:30p.m. Pick- up no later than 5p.m.

Monthly Tuition

3:30pm to 5:00pm

Days:

___ 4 Days (M, T, W, TH, F) $285
___ 5 Days (M, T, W, TH, F) $305

- **In-house at Little Tides at Temple Emanu-El at 455 Neptune Blvd (side entrance on East Chester Street)**
- **Students will be escorted over to Temple Emanu-El at 3:30pm**
- **Schedules must be consistent each month. No revolving or alternating days permitted.**
- **Monthly tuition is due on the 1st of every month. The first month's tuition will be charged per child upon enrollment. Auto-pay is required for monthly tuition via credit card or debit card.**
- **There is a 10 % sibling discount after the first.**

For more information, contact the office at
516-713-5518
Email: tenurseryschool@aol.com

Please return all completed registrations to tenurseryschool@aol.com

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After Care School Program
for East School families
School year September 2025 – June 2026

Child's name:_____ **Male Female**_____
(Last) (First) (Initial) (Circle)

Address:
_____

Home telephone:_____ **Date of Birth**:_____

Email address (es): _____ _____

Parent/Guardian name #1:_____

Telephone (cell):_____**Occupation**_____**Business Phone**_____

Parent/Guardian name #2: _____

Telephone (cell):_____**Occupation**_____**Business Phone**_____

Please give the name and telephone number of someone to be contacted in case of an emergency:
Name:_____**Phone**:_____**Relationship**:_____

Name:_____**Phone**:_____**Relationship**:_____

Child's Physician:_____ **Phone**:_____

The school reserves the right to refuse or cancel registration at any time for health, safety, or emotional problems that may endanger the welfare of the children in the program.

A NON-REFUNDABLE registration fee of $100.00 is required for all registrants.

We can best understand your child if we are advised of any existing situations. Please remember to inform the director or staff of any family changes, status, emotional disturbances, parent away, accident, etc.

Parent Signature:_____ **Date**: _____
Print Full Name: _____

Parent Signature:_____ **Date**: _____
Print Full Name: _____

Please provide additional comments on the reverse side of this form.

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After Care School Program Grades Pre-k to 5th grade
For East School families in housed at Little Tides at Temple Emanu-El

at 455 Neptune Blvd (side entrance on East Chester Street)

Before Care program details- The program starts at 3:30p.m. Pick-up no later than 5p.m.
Monthly Tuition

3:30pm to 5:00pm
Days:
___ 4 Days (M, T, W, TH, F) $285
___ 5 Days (M, T, W, TH, F) $305

Child's Name: _____ Grade: _____

Credit Card: _____- _____- _____-_____ Exp: ____/____

CVV Code:_____ Type of Card: MS, Visa, AMEX,

Card Holder Name: _____ Billing Zip: _____

Signature: _____

Initial and Monthly Payments:
Tuition is charged for the first month of service at the time of registration plus a $100 registration fee per family (registration are non-refundable). All tuition payments thereafter will be automatically charged to the credit or debit card provided above on the 1st of each month afterward. If your card is declined, you will be alerted via email and/ or by telephone to update your payment method. Late payments are subject to a fee of $40.00 per child. If you have outstanding payments are not settled after 10 business days from the due date, your child may be automatically withdrawn from the program. If you need to change your credit or debit card on file, email: tenurseryschool@aol.com. All major credit and debit cards are acceptable.

Withdrawals and Schedule Changes:
Withdrawals must be requested in writing via email and to tenurseryschool@aol.com. Your automatic payment plan will be terminated before the next upcoming billing date following your withdrawal date. There are no refunds/credits for the current month of service regardless of your your withdrawal date. All schedule changes **MUST** be sent in writing via email to tenurseryschool@aol.com. Schedule changes must be requested and approved prior to the 1st business day of the month. No schedule changes, may take effect in the middle if the current month of service. If approved, billing adjustments will take effect on the next upcoming billing date following your schedule change. A $40 fee per schedule change may be assessed for multiple schedule changes during the year. There are no refunds/ credits if you do not notify the program director for any prolonged absences or vacations after the monthly payment was already charged. There are no refunds/credits for skipped or absent days.

Parent Signature:_____ **Date**:_____
Print Full Name: _____

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HEALTH RECORD

Child's Name_____
(Last) (First)

Date of Birth_____ Sex_____

Home Address_____ Phone_____

Business
Address_____ Phone_____
(**Parent/Guardian name #1**)

Business
Address_____ Phone_____
(**Parent/Guardian name #2**)

In Case of Emergency Notify:

Name_____ Phone_____

Relationship_____

Address_____

Name_____ Phone_____

Relationship_____

Address_____

Doctor's Name_____ Phone_____

Address_____

ALLERGIES: (write "NONE" if no known allergies) _____

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HEALTH EMERGENCY RELEASE

When emergency action is needed and a parent cannot be reached, the school/program shall have the right to call the child's physician. Another licensed physician will be contacted if the listed physician is unavailable. If necessary, we will also call an ambulance or paramedics.

I have read and understand the above policy.

_____

(Parent/ Guardian's Signature) **(Today's date)**

_____

(Print Full Name)

DISMISSAL AUTHORIZATION

The following people are authorized to pick up my child from school and/or take my child off the bus without additional notification:

Name_____Phone_____Cell_____

Name_____Phone_____Cell_____

Name_____Phone_____Cell_____

Topical Medication Authorization (Optional)

Little Tides at Temple Emanu-El of Long Beach stocks antibiotic ointment and antihistamine cream in the event that it is deemed an appropriate treatment. I authorize these topical ointments to be applied during the program if necessary.

Parent/Guardian Signature: _____ **Date:** _____

Photo Release (Optional)

I hereby give permission for Little Tides at Temple Emanu-El of Long Beach and/ or their designees to use photographs (still and video) of my child in the course of the program and activities for public media, brochures, emails' electronic messages and print, as well as on social media platforms including, but not limited to, Facebook and/or Instagram.

Parent/Guardian Signature: _____ **Date:** _____