

6 Adar, 5780
March 2, 2020

Dear Parents,

In an effort to best prepare for the 2020-2021 school year, we ask you to take a moment to complete the following registration forms. The sooner we can gauge the size of our growing student body, the better we can ready ourselves in terms of staff, equipment, classroom space, books and supplies.

The deadline for early registration is May 6, 2020, after which time an additional \$200.00 fee will be required for each child's registration.

To better understand and facilitate the registration process, please note the following:

- Discounts and scholarships will only be awarded to families who complete the registration process in a timely manner. Download the "Application for Financial Assistance" if you wish to apply.
- At the time of registration we also require all scholarship families to submit a \$400.00 check to pay for tickets to LEC's annual scholarship dinner.
- As an incentive to reduce tuition even further, we will deduct \$250 from your tuition for every new family that enrolls in Lubavitch Educational Center as a result of your referral.
- Please note that up-to-date immunization forms will have to be completed by your child's pediatrician and given in **before** the start of school. Religious exemptions are no longer accepted.
- **As in previous years, we will hold a raffle for all families who have submitted all of the registration paperwork and fees by the May 6th, 2020, early registration deadline. Five lucky winners will have all registration fees waived.**
- Registration is not considered complete until all paperwork and registration fees have been submitted.

We look forward to serving the educational needs of our community in general and of your children in particular. If you have any issues of concern regarding your child's education—presently or for the coming year—please do not hesitate to contact us. We also urge you to visit our web site at LECFL.COM, where you can always find the latest news and updates. In the meantime, I urge you to give the registration process your immediate attention.

Sincerely,

LUBAVITCH EDUCATIONAL CENTER

Rabbi Benjy Korf
Executive Director

LUBAVITCH EDUCATIONAL CENTER REGISTRATION GUIDELINES תש"פ - תשפ"א • 2020 - 2021

1. Please complete the attached Application for Registration. **Only one application is needed per family.**
2. Applications submitted **on or before May 6, 2020**, are to be accompanied by:
 - a) \$300.00 per child non-refundable registration fee
 - b) Refundable book fee (see below)
3. Applications submitted **after May 6, 2020**, are to be accompanied by:
 - a) \$500.00 per child non-refundable registration fee
 - b) Refundable book fee (see below)
4. Families paying full tuition will also receive a 5% discount if registration is completed by **May 6, 2020**.
5. A raffle drawing will be held for all families who have completed early registration by **May 6, 2020**. Five winners will be drawn who will have all registration fees eliminated.
6. The following tuition schedule is in effect for the 2020-2021 school year; figures indicated are per individual student:

| | |
|---|-------------|
| Infant/Toddler/Pre-Nursery Play Group – Full Day* | \$9,900.00 |
| Infant/Toddler/Pre-Nursery Play Group – Half Day (Morning)* | \$5,250.00 |
| Infant/Toddler/Pre-Nursery Play Group – Half Day (Afternoon)* | \$4,650.00 |
| Nursery and Kindergarten* (Must be toilet-trained) | \$9,900.00 |
| Pre1A | \$13,500.00 |
| Elementary School (Girls Grades 1 – 8; Boys Grades 1– 5) | \$13,950.00 |
| Beis Chana High School - Grades 9-12 | \$14,450.00 |
| Boys Middle School - Grades 6-8 | \$14,950.00 |
| Klurman Mesivta - Grades 9-12 | \$15,450.00 |
| Klurman Mesivta Dormitory – Mandatory for 9 th Grade Students | \$4,000.00 |
| Resource Room and Enrichment Programs | \$6,000.00 |
| <i>Resource Room and Enrichment Programs have a separate fee and will be billed separately. Fees are dependent on placement and frequency of use.</i> | |

*Scholarships are not issued for infant/toddler playgroup, pre-nursery and nursery registrants.

7. The following book fee schedule is in effect for the 2020-2021 school year. Figures are per individual student:

| | |
|------------------------------------|----------|
| Students entering Pre1A | \$100.00 |
| Students entering all other grades | \$275.00 |

8. All registration forms must be accompanied by current Physical and Immunization Records for each child being registered. Religious exemptions are no longer accepted.
9. Students who are registering for the first time to any of Lubavitch Educational Center's schools must submit a copy of the child's official birth certificate.
10. Lubavitch Educational Center will be unable to guarantee a place for your child in the classroom until all financial arrangements have been completed.
11. It is important that tuition payments be made in a timely manner so as not to jeopardize your child's standing in the school.
12. Lubavitch Educational Center will not issue refunds for reasons of absence or illness. Refunds issued for removing a child from Lubavitch Educational Center will be prorated with a \$250/per child penalty fee.

13. Lubavitch Educational Center reserves the right to initiate legal action to recover moneys due it, including legal fees, collection fees and/or bank charges.

I have read the registration guidelines stated above and agree to abide by them.

Signature Parent #1

Date

Signature Parent #2

Date

Please return the completed registration form and applicable fees to:

Office of the Registrar
ATTN: Mrs. Ayelet Bortunk, Mrs. Ronit Rudd
Lubavitch Educational Center
17330 Northwest 7th Avenue
Miami, FL 33169

Tel: (305) 653-8770, Ext. 2001, or Ext. 2036

Fax: (305) 653-6790

Email: abortunk@lecfl.com or rrudd@lecfl.com

Have you enclosed the following?

- Completed and signed Application for Registration**
- Signed Registration Guidelines**
- Non-refundable registration fees per child**
- Applicable book fees per child**
- Completed Scholarship Application (if applicable)**
- Current Physical and Immunization Records (Religious exemptions no longer accepted.)**
- A copy of the official birth certificate for each new child being enrolled.**

Please let us know how you heard about our school, and indicate if you were influenced by one of our school parents to enroll your child(ren) in our school:

The initial registration process will not be considered complete until all of the above items have been submitted.



LUBAVITCH EDUCATIONAL CENTER
Preschool · Young Division · Elementary School · Middle School
Klurman Mesivta High School for Boys · Beis Chana High School for Girls

APPLICATION FOR REGISTRATION
תש"פ - תשפ"א · 2020 - 2021

FAMILY LAST NAME: _____

FATHER: Full Legal Name: _____ Hebrew Name: _____

Date of Birth: _____ Social Security No.: _____

Home Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Email address: _____

If you do not wish to receive regular emails from Lubavitch Educational Center, place a ✓ here .

Home Phone: _____ Cellular: _____

Business Phone: _____ Fax: _____

Place of Employment: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Jewish from Birth: Y _____ N _____ If no, please include all conversion documents with application.

Synagogue Affiliation: _____ Marital Status: Married _____ Divorced _____ Separated _____ Widower _____

MOTHER: Full Legal Name: _____ Hebrew Name: _____

Date of Birth: _____ Social Security No.: _____

Home Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Email address: _____

If you do not wish to receive regular emails from Lubavitch Educational Center, place a ✓ here .

Home Phone: _____ Cellular: _____

Business Phone: _____ Fax: _____

Place of Employment: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Jewish from Birth: Y _____ N _____ If no, please include all conversion documents with application.

Synagogue Affiliation: _____ Marital Status: Married _____ Divorced _____ Separated _____ Widower _____

List Separately Each Child to Be Enrolled:

| | | | | |
|--------------------------|----------------------|--|---|--|
| #1 | Full Name | | SSN#: | Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i> |
| | Legal Name: | | | |
| | Hebrew Name: | | Grade Entering: | |
| | Name Child Goes By: | | | |
| | Date of Birth | | NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies: |
| English Date: mm/dd/yyyy | Hebrew Date: | | | |
| #2 | Full Name | | SSN#: | Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i> |
| | Legal Name: | | | |
| | Hebrew Name: | | Grade Entering: | |
| | Name Child Goes By: | | | |
| | Date of Birth | | NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies: |
| English Date: mm/dd/yyyy | Hebrew Date: | | | |
| #3 | Full Name | | SSN#: | Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i> |
| | Legal Name: | | | |
| | Hebrew Name: | | Grade Entering: | |
| | Name Child Goes By: | | | |
| | Date of Birth | | NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies: |
| English Date: mm/dd/yyyy | Hebrew Date: | | | |
| #4 | Full Name | | SSN#: | Special Needs <i>Please indicate any special needs or concerns you may have that we should be aware of (i.e. learning difficulties, emotional problems, physical impairments):</i> |
| | Legal Name: | | | |
| | Hebrew Name: | | Grade Entering: | |
| | Name Child Goes By: | | | |
| | Date of Birth | | NEW STUDENTS ONLY: A copy of official birth certificate is included with registration. <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies: |
| English Date: mm/dd/yyyy | Hebrew Date: | | | |

SCHOLARSHIP: I have included my **2020-2021 Financial Assistance Application**

MEDICAL INFORMATION

Family Pediatrician/Primary Caregiver

Name: _____ Address: _____

City: _____ Office Phone: _____

Insurance

Insurance Company: _____

Is your family receiving Medicaid? Yes _____ No _____

I hereby affirm all of the above information to be true and correct.

Parent Signature: _____ Date: _____

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For Office Use Only:

Date Received: _____ Registration Fee: _____ Book Fee: _____

Immunization Records: _____ Student Card: _____ Enrollment Contract: _____

Admitted: Y_____N_____