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\*Of Blessed Memory

Dear MKTECC Parents:

We are very excited to welcome your child to enroll for the next school year. It is an honor to teach your son/daughter and the MKTECC faculty and staff are planning for a fabulous 2021-2022!

Thank you for your support and the privilege of teaching your child.

Child's Name \_\_\_\_\_



The following items are required for your child's 2021/2022 fall folders. Enclosed you will find several forms. Please fill out **all** the enclosed forms and return them to the ECC office by May 26, 2021.

**NOTE: Your child's current shot records and updated Health Statements are required per Nevada State Licensing and Southern Nevada Health District every year.**

- Fall Semester 2021/22 Deposit
- Material Fee
- Placement Fee for Admission
- Method of Payment Form
- Signed Placement Form
- Child's Record
- Consent for Medical Treatment
- Shot Records- **provide updated shot records by 8/10/21 and whenever they are updated**
- Health Statement -**provide current health statement by 8/10/21**
- Permission to Release Information
- Photo/ Publication Release Form
- Field Trip Permission Form
- Waiver, Release, and Indemnification Agreement
- Financial Agreement

Child's Name \_\_\_\_\_



## Application for Admission 2021/2022

- \$250 non-refundable placement fee for all students (due at time of registration)
- \$200 materials fee (due by 1<sup>st</sup> month's tuition payment)

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Name student will use in school \_\_\_\_\_

E-mail address \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Present School \_\_\_\_\_

Home Phone / Cell Phone \_\_\_\_\_

**PROGRAM** (please check desired program option – final class placement will be determined by the Director)

**(ALL STUDENTS MUST BE THE AGE SPECIFIED FOR EACH CLASS BY SEPTEMBER 30 OF THE YEAR REGISTERING FOR)**

	Half Days	Full Days
<b>Metukeem</b> Child must be <b>18-months</b> old at time of enrollment	<input type="checkbox"/> M/W <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> T/TH/F <input type="checkbox"/> M - F	<input type="checkbox"/> M/W <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> T/TH/F <input type="checkbox"/> M - F
<b>Dubonim</b> Child must be <b>2 years old</b> at time of enrollment	<input type="checkbox"/> M/W/F <input type="checkbox"/> T/TH <input type="checkbox"/> M - F	<input type="checkbox"/> M/W/F <input type="checkbox"/> T/TH <input type="checkbox"/> M - F
<b>Pilonim</b> Child must be <b>3 years old</b> at time of enrollment	<input type="checkbox"/> M/W/F <input type="checkbox"/> M - F	<input type="checkbox"/> M/W/F <input type="checkbox"/> M - F
<b>Kochavim</b> Child must be <b>4 years old</b> at time of enrollment	<input type="checkbox"/> M - F	<input type="checkbox"/> M - F

Child's Name \_\_\_\_\_



## Child's Records

Enrollment Date: \_\_\_\_\_

Child's Name:	Nickname:	Sex:	Birth date:
Address:	City, State, Zip:	Telephone:	

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Others in Household:

Name	Age	Relationship
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Child's Name \_\_\_\_\_



### Child's Records (continued)

Please list additional people who may be called in the event of an emergency, and who are authorized to remove the child from the facility. **(Your child will not be allowed to leave with any other person without written authorization from parent or guardian).**

<u>Name</u>	<u>Age</u>	<u>Telephone</u>	<u>Relationship</u>

Physician or Dentist to be called in emergency

Physician:	Address:	Medical Plan &/or Policy #	Telephone:
Dentist:	Address:	Medical Plan &/or Policy #	Telephone:

If physician cannot be reached, what action should be taken?

\_\_\_\_\_ Call Hospital \_\_\_\_\_ other Explain: \_\_\_\_\_

Which hospital do you prefer? \_\_\_\_\_

Does your child require any of the following?

- Glasses
- Inhaler (Must be supplied by the parent)
- Epi-pen (Must be supplied by the parent)
- Hearing Aid

Does your child have frequent colds? Yes \_\_\_\_\_ No \_\_\_\_\_ How many in the last year? \_\_\_\_\_

List any allergies the staff should be aware of: \_\_\_\_\_

Is your child currently taking prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_ Is it a chronic illness? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the name of the medication? \_\_\_\_\_

What do you plan to do when your child is ill? \_\_\_\_\_

Reason for requesting preschool placement: \_\_\_\_\_

Child's Name \_\_\_\_\_



## CONSENT FOR MEDICAL TREATMENT

In an emergency, Midbar Kodesh Temple Early Childhood Center has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

Yes \_\_\_ No \_\_\_

In an emergency, my child may receive first aid Yes \_\_\_ No \_\_\_

In an emergency, Midbar Kodesh Temple ECC has my permission to call Dr. \_\_\_\_\_ at (phone number) \_\_\_\_\_ and, if necessary, give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. I hereby release Midbar Kodesh Temple Early Childhood Center and its staff of any and all liabilities incident to and arising out of all Midbar Kodesh Temple Early Child Center and programs. In addition, this release applies to incidents at Midbar Kodesh Temple and on field trips.

Yes \_\_\_ No \_\_\_

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Signature of Parent or Guardian

Date

Child's Name \_\_\_\_\_



## Health Statement

This form is to be filled out by your child's doctor or a registered nurse.

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Status of above child's health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known conditions under treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this child capable of adjusting to the programs of the Early Childhood Center? **Y/N**

Reason: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(MD or RN)

**PLEASE ATTACH CURRENT IMMUNIZATION RECORDS**

Child's Name \_\_\_\_\_



## Placement Fee 2021/2022

I understand that my placement fee of \$250 will reserve my child's space and is non-refundable. I reserve the right to withdraw my child at my discretion. Once the school year starts, I understand that I am responsible for giving the Early Childhood Center a 30-day notice of withdrawal. I acknowledge that I am also responsible for the 30-day tuition charge during the notice period. My \$250 placement fee will not be returned.

Should Midbar Kodesh Temple's Early Childhood Center ask my child to leave the program due to developmental and/or behavioral issues prior to the start of the school year, the \$250 placement fee and any pre-paid tuition amounts will be returned. After the start of the school year, the \$250 placement fee is non-refundable.

Placement fee must be paid no later than May 26, 2021 to reserve your child's spot in the 2021 ECC Fall Semester. Space will be limited.

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Parent Name

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Signature

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Date

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Director Signature



Child's Name \_\_\_\_\_



## Permission to Release Information

Date: \_\_\_\_\_

I understand that during the time my child, \_\_\_\_\_ is in the facility, the Director may be asked for information regarding my child.

I hereby give permission to release information to official persons, who identify themselves, such as schools, health care personnel, welfare or other government officials.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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I **do not** give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Child Care has access to my child's record as the licensing agency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Statement** – I, \_\_\_\_\_, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Statement** - I am aware that the school is sprayed with non-toxic pesticides periodically. We also on occasion may use air fragrances.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_



## Photo/Publication Release Form

I give Midbar Kodesh Temple and the Midbar Kodesh Temple Early Childhood Center permission to use photographs of my child participating in school activities, in sanctioned synagogue publications, as well as Henderson and Las Vegas community publications.

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Signature of Parent/Guardian

Date

\*\*\*\*\*

I **do not** give Midbar Kodesh Temple and the Midbar Kodesh Temple Early Childhood Center permission to use photographs of my child participating in school activities, in sanctioned synagogue publications, as well as Henderson and Las Vegas community publications.

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Signature of Parent/Guardian

Date

Child's Name \_\_\_\_\_



## Field Trip Permission Form 2021-2022

Name of Student: Last \_\_\_\_\_

Middle \_\_\_\_\_ First \_\_\_\_\_

I request that my child \_\_\_\_\_ be permitted to participate in Midbar Kodesh Temple Early Childhood Center field trips during the 2021-2022 school year. I understand my child will be chaperoned by a responsible adult while off school grounds. The chaperone will take reasonable precautions to protect my child from harm and injury.

I understand that activities are supervised. To maintain order my child will be expected to comply with the rules, standards and instructions given by the chaperone and the school at the time of the outing. I waive and release all claims against Midbar Kodesh Temple and the Midbar Kodesh Temple Early Childhood Center, its officers, directors, agents, employees, and volunteers arising out of my child's failure to remain under the rules and guidelines set forth by the school and its agents during a field trip. If at any time my child's behavior is incompatible with the expectations set forth before and during field trips, I understand further participation by my child may not be permitted.

In the event my child is injured, becomes ill, or is involved in an accident while off school grounds, I understand the chaperone will seek medical attention for my child. The school will contact me as soon as possible, and I will be financially responsible for medical treatment. I further agree to hold Midbar Kodesh Temple Early Childhood Center its officers, directors, agents, employees, and volunteers harmless for any injury or illness.

Parents must provide a car seat for each child.

### Signature of Parent(s)

\_\_\_\_\_ Date \_\_\_\_\_

Mother's Home Phone Number \_\_\_\_\_ Work/Cell \_\_\_\_\_

Father's Home Phone Number \_\_\_\_\_ Work/Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**I do not want my child to participate in any off campus field trips.**

### Signature of Parent(s)

\_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_



Midbar Kodesh Early Childhood Parents,

We are happy that you have chosen to send your child/children to the ECC for the 2021-2022 school year. Tuition rates will not increase for the 2021 – 2022 school year.

We appreciate your trusting the safety and education of your child/children to our Midbar Kodesh Early Childhood Center staff.

## Tuition Rates 2021-2022

### Metukeem (18 month class)

		Annual Tuition: Non-Member	Annual Tuition: Member
Two Days, half day	M/W or T/TH	\$4,700	\$4,230
Two Days, full day	M/W or T/TH	\$5,780	\$5,200
Three Days, half day	M/W/F or T/TH/F	\$6,680	\$6,000
Three Days, full day	M/W/F or T/TH/F	\$8,200	\$7,380
Four Days, half day	M/T/W/TH	\$8,140	\$7,320
Four Days, full day	M/T/W/TH	\$10,300	\$9,270
Five Days, half day	M – F	\$10,170	\$9,150
Five Days, full day	M - F	\$12,870	\$11,580

Child's Name \_\_\_\_\_



## Tuition Rates 2021-2022 (continued)

- **Dubonim (2-year old class)**
- **Pilonim (3-year old class)**
- **Kochavim (4-year old class) – \* five days per week required \*\*half or full days**

		Annual Tuition: Non-Member	Annual Tuition: Member
Two Days, half day	M/W or T/TH	\$3,670	\$3,300
Two Days, full day	M/W or T/TH	\$4,760	\$4,290
Three Days, half day	M/W/F or T/TH/F	\$5,330	\$4,890
Three Days, full day	M/W/F or T/TH/F	\$6,970	\$6,270
Four Days, half day	M/T/W/TH	\$6,320	\$5,690
Four Days, full day	M/T/W/TH	\$8,500	\$7,650
Five Days, half day	M – F	\$7,890	\$7,110
Five Days, full day	M - F	\$10,620	\$9,560

### **\$200 materials fee (due by 1<sup>st</sup> month's tuition payment)**

*There is a Material Fee of \$200, which is separate from tuition. The material fee offsets the cost of class supplies and includes some of the following: crayons, paper, paints and tissues. The material fee does not however cover non-perishable snacks, diapers and wipes; **these must be supplied by you directly**. There may be special projects that the teachers may ask for supplies from the parents.*

Tuition discounts available as follows:

- (a) 5% discount for paying annual tuition in full by July 20, 2021
- (b) 5% sibling discount credited to the least expensive tuition

**Tuition for 2021/2022 will be billed in June 2021, with payment due by July 20, 2021. Monthly payment plans are available. Tuition is based on annual rates with the option of paying monthly. A credit card must be on file if you choose to pay monthly, even if you choose to pay by check. For monthly credit card payments, the payments will be pulled on the 20<sup>th</sup> of each month from July 20, 2021 through April 20, 2022. There will be a 3% surcharge for the amount of each transaction charged to your card on file.**

Child's Name \_\_\_\_\_



## Method of Payment/Credit Card on File 2021-2022

Starting in July 2021, Midbar Kodesh Temple Early Childhood Center requires that all ECC parents have a credit card on file for monthly tuition payments. The card on file will be charged on the 20<sup>th</sup> of every month (July – April) for tuition and any other excess fees accrued across the previous month. There will be a 3% surcharge for the amount of each transaction charged to your card on file.

Please enter your credit card number below:

**Credit Card on File** (only Visa or MasterCard accepted)

Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_

CVV Code (on the back): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

**To enroll for the start of the 2021/2022 school year, your first payment will be due July 20, 2021.** If alternate payment arrangements need to be discussed, you must first meet with the ECC Director.

I understand that I have the option of paying my tuition payments by check each month to avoid the 3% surcharge for all credit card transactions. However, I must keep a card on file in the office.

**I intend to pay my tuition:**

- In full by 7/20/21 by credit card
- In monthly payments on the 20th of each month (July 2021 through April 2022) by credit card.  
I understand that I will pay a surcharge of 3% for each transaction
- In full by 7/20/21 by check
- In monthly payments by the 20th of each month (July 2021 through April 2022) by check

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_



## Medical Release and Public Photo Release

I do hereby authorize administrators and members of the staff of Midbar Kodesh Temple (MKT) or Midbar Kodesh Temple Early Childhood Center (MKTECC) or Summer Camp at MKT or their nominees to provide immediate medical care, including the administration of manual AED-assisted CPR, Heimlich maneuver, oxygen or other lifesaving or first aid procedures in the event of a medical emergency. In such cases, I authorize MKT or MKTECC or Summer Camp at MKT, its administrators and members of the staff to activate the 9-1-1 emergency response system. I further consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which may be deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital.

In the event of a medical emergency, and if MKT or MKTECC or Summer Camp at MKT personnel or their nominees are unable to reach the parent(s) or guardian, I give consent in loco parentis to any doctor or medical facility to administer life-saving medical or surgical treatment and care for my child. I understand and agree that I am responsible for any and all costs associated with providing emergency medical care to my child. As such, I agree to reimburse MKT or MKTECC or Summer Camp at MKT within 15 days for any costs MKT or MKTECC or Summer Camp at MKT may incur on my behalf as a result of providing emergency medical care to my child.

I understand that part of the school and camp experience involves activities (including but not limited to swimming) and interactions that may be new to my child, and that they hold certain risks. I am aware of these risks and I am assuming them on behalf of my child. I have instructed my child on the importance of abiding by the school's and camp's rules, as well as following directions given to him/her to ensure their safety and well-being. If I choose not to have my child participate in a school or camp activity, I will inform the MKTECC Director or Summer Camp at MKT Director in writing.

I understand that at times MKT or MKTECC or Summer Camp at MKT is asked to release information regarding my child/children to school/camp personnel, representatives of welfare, licensing and regulatory agencies, law enforcement, healthcare professionals, and any other person(s) who are deemed as serving in an official capacity as it pertains to the health, safety, and welfare of my child/children. If an inquiry regarding my child/children is from an entity other than a school/camp or licensing agency personnel, I will be informed of the information requested.

I give permission for the staff at MKT ECC or Summer Camp at MKT or their nominees to apply a sunscreen product that is broad spectrum with SPF 30 or higher to my child, when playing outside or using the swimming pool. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. If I choose not to allow a staff member to apply sunscreen, I will inform the MKT ECC Director or Summer Camp at MKT Director in writing.

I agree to allow MKT and/or MKTECC and/or Summer Camp at MKT and/or their nominees, the right to record my child's/ children's image and/or voice and consent to allow the camp the perpetual right to use or reproduce this material in any and all media known or hereinafter devised without compensation.

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

Parent Name (Print) \_\_\_\_\_

Parent Name (Sign) \_\_\_\_\_ Date Signed \_\_\_\_\_

Emergency Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_



**MKT Early Childhood Center 2021-2022 Waiver, Release and Indemnification Agreement**

I, on my own behalf and on behalf of my child, \_\_\_\_\_, understand that Midbar Kodesh Temple ("MKT") is operating their Early Childhood Center ("ECC"). As consideration for my child's attendance at ECC, I understand and voluntarily agree to the following:

I understand that there are risks associated with participation in the ECC, including but not limited to the potential for my child to contract the COVID-19 virus. I also understand that part of the ECC experience involves activities that may hold certain risks, including those which could result in injury or illness. I and my child willingly assume these risks.

I agree to indemnify MKT, including its officers and employees, from any and all injuries, liabilities or damages from my child's participation in ECC. This includes activities off-campus during field trips.

I release, waive and covenant not to sue MKT, including its officers and employees, arising from my child's participation in ECC. I release said entities from any and all legal fees/costs, loss, liability or damage on account of injury or illness caused or alleged to be caused in whole or in part by the negligent acts or omissions of MKT, including its officers or employees.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, WHICH I SIGN VOLUNTARILY.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_





## MKT Early Childhood Center 2021-22 Financial Agreement

I, on my own behalf and on behalf of my child, \_\_\_\_\_, understand that Midbar Kodesh Temple ("MKT") is operating their MKT Early Childhood Center ("ECC"). As consideration for my child's attendance at ECC, I understand and voluntarily agree to the following:

### **Tuition / Closure Credit**

#### **Tuition:**

Tuition is billed annually at the beginning of the year. If you wish to pay your Early Childhood Center (ECC) tuition in 10 equal installments you must have a credit card on file with the bookkeeping department. The card on file will be charged on the twentieth of each month [from July 20 – April 20](#). If you haven't paid your tuition in full for the new school year, your first tuition payment is [due by July 20th](#). Tuition payments are due in 10 monthly installments on the 20th of each month [from July 20, 2021, through April 20, 2022](#). The July payment should include the Placement Fee (\$250) and the Material Fee (\$200) if they have not yet been paid. A 3% surcharge will apply for all credit card payment transaction.

**Parents who withdraw students during the school year must give the Midbar Kodesh Early Childhood Center Director written notification 30 days in advance.** All tuition and fees due through the final enrollment date must be paid on the date of notification.

**If your child does not attend preschool, tuition fees will continue to be charged. This includes time away for travel. If an extended absence for medical concerns is recommended by a physician, a note will be required.**

Attendance: Planning-preparation and staffing go into our weekly routine. If your child is absent on their regularly scheduled day (s) there is/are NO MAKE-UP days. Unscheduled drop-offs are not allowed. There will be no refunds or credits for sick days or the 48 hours your child must stay home after having illness/symptoms.

#### **Closure Credit:**

Regulations and guidelines continue to change in response to COVID-19, and these changes continue to create uncertainty for all of us. As a licensed childcare facility, MKT ECC is considered an essential service by the State of Nevada, which allows MKT ECC to operate

during a city / state imposed quarantine when deemed safe. While we intend to operate throughout the year, there may be circumstances that require MKT ECC to close in order to keep your child(ren) and our staff safe. Any changes made to our program during the year will be with everyone's best interest in mind. Our 2021 / 2022 **closure credit policies are included below.**

- **If a classroom needs to quarantine at home for 14 days** due to a confirmed positive COVID case within the classroom (a student or teacher), **no credits** will be provided for that 14-day period.
- If the **entire ECC needs to close for 4 weeks or less**, a **50% tuition credit** will be applied to your account for the **length of the shutdown.**
- If the **ECC needs to close for more than 4 weeks**, a **full tuition credit will be applied to your account for those weeks in excess of 4 weeks** that we are closed.

If we are able to offer a remote learning option during a closure, there will be a separate charge to participate in the remote learning.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, WHICH I SIGN VOLUNTARILY.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_