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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 2022-2023!

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

Child's Name _____



The following items are required for your child's 2022/2023 fall folders. Enclosed you will find several forms. Please fill out **all** the enclosed forms and return them to the ECC office by May 25, 2022.

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 2022/23 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 8/5/22 and whenever they are updated**
- Health Statement - **provide current health statement by 8/5/22**
- 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 2022/2023

- \$250 non-refundable placement fee for all students (due at time of registration)
- \$200 materials fee (due by 1st 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)

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

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 _____

Signature of Parent or Guardian

Date

Child's Name _____



Child's Health Statement

All licensed childcare facilities must obtain a signed and dated statement of the child's current health status. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the past twelve months. A child may not attend pre-school until this form is received.

Child's Name: _____ Sex _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent/Guardian's Name _____

If the child has/had the illness – check those the child has had and give approximate dates:

Asthma _____ Diabetes _____

Epilepsy/Seizures _____ Severe Allergies _____

Behavioral issues and diagnosis _____

Other _____

Comments _____

Surgery/Accidents/Illnesses/Chronic Health Problems _____

Describe any physical conditions requiring the facility's special attention _____

Has your child received any of the following screenings in the last year? (Please circle)

Hearing _____ Vision _____ Dental _____

Any results that may be of concern? _____

Are the Immunizations up-to-date? Yes No

Date of my most recent examination of child _____

Name of Licensed Physician/Health Care Professional (please print)

Address _____ City _____ Zip _____

Signature of licensed physician or other health care professional

PLEASE ATTACH CURRENT IMMUNIZATION RECORDS

Child's Name _____



Placement Fee 2022/2023

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 25, 2022 to reserve your child's spot in the 2022 ECC Fall Semester. Space will be limited.

Parent Name

Signature

Date

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

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

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

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.

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.

Signature of Parent/Guardian Date

Child's Name _____



Field Trip Permission Form 2022-2023

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 2022-2023 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 2022-2023 school year. Tuition rates will not increase for the 2022 – 2023 school year.

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

Tuition Rates 2022-2023

Metukeem (18 month class)

		Annual Tuition: Non-Member	Annual Tuition: Member
Two Days, half day	M/W or T/TH	\$5,170	\$4,653
Two Days, full day	M/W or T/TH	\$6,358	\$5,720
Three Days, half day	M/W/F or T/TH/F	\$7,348	\$6,600
Three Days, full day	M/W/F or T/TH/F	\$9,020	\$8,118
Four Days, half day	M/T/W/TH	\$8,954	\$8,052
Four Days, full day	M/T/W/TH	\$10,300	\$9,270
Five Days, half day	M – F	\$11,330	\$10,065
Five Days, full day	M - F	\$14,157	\$12,738

Child's Name _____



Tuition Rates 2022-2023 (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	\$4,037	\$3,630
Two Days, full day	M/W or T/TH	\$5,236	\$4,719
Three Days, half day	M/W/F or T/TH/F	\$5,863	\$5,379
Three Days, full day	M/W/F or T/TH/F	\$7,667	\$6,897
Four Days, half day	M/T/W/TH	\$6,952	\$6,259
Four Days, full day	M/T/W/TH	\$9,350	\$8,415
Five Days, half day	M – F	\$8,678	\$7,821
Five Days, full day	M - F	\$11,682	\$10,516

\$200 materials fee (due by 1st 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, 2022
- (b) 5% sibling discount credited to the least expensive tuition

Tuition for 2022/2023 will be billed in June 2022, with payment due by July 20, 2022. 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 20th of each month from July 20, 2022 through April 20, 2023. 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 2022-2023

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 20th 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 2022/2023 school year, your first payment will be due July 20, 2022. 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 7/20/22 by credit card
- In monthly payments on the 20th of each month (July 2022 through April 2023) by credit card. I understand that I will pay a surcharge of 3% for each transaction
- In full by 7/20/22 by check
- In monthly payments by the 20th of each month (July 2022 through April 2023) 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 2022-2023 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 2022-23 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, 2022, through April 20, 2023](#). 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 2022 / 2023 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: _____