

**11810 Falls Road
Potomac, MD 20854**



**Phone (301)279-7505
Fax (301)354-3200
www.whcecc.org**

Dear Parents,

Thank you for your interest in the Rabbi Joseph Weinberg Early Childhood Center for the 2010-2011 school year. We are looking forward to a year of successful growth and development for each child. This letter will provide you with information regarding our various programs and registration procedures.

TRANSITIONAL 2 YEAR-OLDS 9:30 – 11:30 am	2 YEAR-OLDS 9:15 – 11:45 am	3 YEAR-OLDS 9:15 – 11:45 am	4 YEAR-OLDS 9:15 – 11:45 am
Tuesday/Thursday	Monday/Wednesday/Thursday Monday/Wednesday/Friday	Monday – Friday	Monday – Friday
Sept – Dec (9:30 - 11:00): Child must be accompanied by parent/caregiver			
Jan – June (9:30 - 11:30): Child attends independently			
For children turning 2 between 9/2/10-12/31/10	For children turning 2 by 9/1/10	For children turning 3 by 9/1/10	For children turning 4 by 9/1/10

In addition to our basic program, we offer the following optional programs and services:

EARLY DROP-OFF	2'S LUNCH PROGRAM	3'S & 4'S ENRICHMENT	ACE CLUB After School Children's Enrichment
8:30 am	11:45 am – 12:30 pm	11:45 am – 2:00 pm	2:00 – 3:00 pm
Monday – Friday for all students	Monday or Wednesday For children enrolled in Mon/Wed/Fri and Mon/Wed/Thurs 2-year-old programs	Monday through Friday for children enrolled in 3- and 4-year-old programs	Monday through Thursday for 4's Enrichment students
		All children enrolling in Enrichment programs must be fully toilet trained	A variety of classes is offered and may include sports, dance, martial arts, science, cooking, drama, etc.
Begins September	Begins November	Begins mid September	Begins mid September
Requires 24 hour notice	Register by semester	Register by semester	Register by trimester

Current 2009 – 2010 School Year Tuition (based on a 9 ½ month school year)

	<u>Temple Member</u>	<u>Non-Member</u>
Two days/week	\$2,094	\$2,435
Three days/week	\$3,910	\$4,546
Five days/week	\$5,312	\$6,176

There will be a tuition increase for the 2010 – 2011 school year, subject to WHC Board approval. If more than one child from the same family is registered, there is a reduction in the basic tuition for each additional child registered.

When you return your child's application, **two checks** made payable to Washington Hebrew Congregation must accompany it – one represents a **\$75 non-refundable** application fee and the other a **\$300 non-refundable** tuition deposit. If your child is accepted into our program, an additional **non-refundable \$500** will be required to hold his/her place in the school. If new to our school, a copy of your child's birth certificate will also be required. The balance of your tuition and a security fee for each family will be billed in late July or early August 2010. One half will be due in August and the balance will be due in November. **All fees and deposits are non-refundable and non-transferable if your child is accepted into the Rabbi Joseph Weinberg Early Childhood Center program.**

Please complete the registration application in full, indicating first and, where applicable, second choices. Place your completed application, along with both checks, in an envelope, and **write the appropriate age group for school year 2010-2011 and priority category (see below) on the back of the envelope.** Applications will be processed as they are returned in the priority order listed below through Friday, December 4th. Applications returned after December 4th will be processed in the order in which they are received.

Priority Categories
A. Fair Share Members of WHC <i>prior to July 1, 2009</i>
B. Fair Share Members of WHC <i>on or after July 1, 2009</i>
C. Currently enrolled non-WHC members
D. Siblings of <i>currently</i> enrolled non-WHC members
E. Siblings of <i>formerly</i> enrolled non-WHC members
F. Students new to RJWECC

We recommend that you hand-carry your application to the school. Please place your envelope in the appropriately marked box in the lobby area. If you mail your application, it will be placed in the appropriate box upon receipt.

Applicants will be notified in early January regarding acceptance to our programs. If we are unable to place your child, we will return your \$300 tuition deposit check and add your child's name to the wait list for his/her age group.

The professional staff of the Rabbi Joseph Weinberg Early Childhood Center makes every attempt to create heterogeneous, well-balanced classes. We carefully consider teacher input as well as the ages, personalities, genders and interactions among the children. While we value parental input, the final placement decisions must be left to the Directors. The Directors also reserve the right to exercise professional discretion as to the placement and continuation of a child in any of our programs.

The accounts of WHC members and currently enrolled students must be current in order to register. A WHC member must be in good standing in the Fair Share program at the time of registration and is responsible for financial obligations to WHC through June 30, 2011. Please contact Lancia Swerdloff at 202-362-7100 if you have questions regarding your membership status. There are limited scholarship funds for RJWECC/WHCPS tuition assistance, and requests are handled confidentially. Please contact the school regarding scholarship funds or your school account.

WHC also offers a Geshar program in our Primary School for children who have completed a four-year-old program and would benefit from a program that provides a bridge between preschool and primary school or do not meet the age requirements for kindergarten. The Washington Hebrew Congregation Primary School enrolls children entering kindergarten through second grade. If you would like information about Geshar or our Primary School, call 301-279-7505. Additionally, we have an outstanding program for two- through four-year-olds at the Temple in Washington, DC. For information about the Edlavitch-Tyser Early Childhood Center at the Temple, please call 202-895-6334.

If you have any questions, please do not hesitate to contact us at 301-279-7505.

Sincerely,



Phyllis Shankman
Director, Early Childhood/Primary Education

Fran Miller
Director, Rabbi Joseph Weinberg Early Childhood Center



Rabbi Joseph Weinberg Early Childhood Center Registration Application 2010-2011

T2 - 4's

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Child's Full Name _____
Last First Middle

Goes By: _____ Male/Female _____ Date of Birth _____ Current Age: _____
month/day/year

Home Address _____
Street address City State Zip

Home Telephone _____ Family Email Address _____

Present School _____ Current Grade _____

Schools Previously Attended (if applicable) _____

Siblings: Name(s), Age(s), School(s) _____

PARENT/GUARDIAN INFORMATION

Relationship to applicant _____

Title (Mr., Mrs., Dr., other) First Name Last Name

Street Address (if different from applicant)

City State Zip

Home Phone (if different from applicant)

Mobile Phone

Business Phone

Additional Email Address

Applicant lives with (check any that apply) Father Mother

Parents' religious backgrounds (please indicate mother/father or both): ___ Reform ___ Conservative ___ Orthodox ___ non-Jewish ___ none

Are you members of Washington Hebrew Congregation? (Y/N) _____ Are you affiliated with another Congregation? Which one? _____

PARENT/GUARDIAN INFORMATION

Relationship to applicant _____

Title (Mr., Mrs., Dr., other) First Name Last Name

Street Address (if different from applicant)

City State Zip

Home Phone (if different from applicant)

Mobile Phone

Business Phone

Additional Email Address

Applicant lives with (check any that apply) Stepfather Stepmother Other _____

RJWECC PROGRAMS – Please indicate your first and second choices where applicable

TRANSITIONAL TWO-YEAR-OLDS:

___ 2-DAY (TUESDAY/THURSDAY)
Parent/caregiver attends with child through December

TWO-YEAR-OLDS:

___ 3-DAY (MONDAY/WEDNESDAY/THURSDAY)
___ 3-DAY (MONDAY/WEDNESDAY/FRIDAY)

THREE-YEAR-OLDS:

___ 5-DAY (MONDAY – FRIDAY)

FOUR-YEAR-OLDS:

___ 5-DAY (MONDAY – FRIDAY)

I wish to enroll my child in the program indicated above. **I have enclosed two checks made payable to Washington Hebrew Congregation – one representing a \$75 non-refundable application fee and the other a \$300 non-refundable tuition deposit.** If my child is accepted, I agree to make an additional non-refundable tuition payment of \$500 to hold his/her place in the school. I understand that these fees and deposits are non-refundable and non-transferable if my child is accepted into the Washington Hebrew Congregation Rabbi Joseph Weinberg Early Childhood Center program. I further understand that I am responsible for, and agree to pay, the 2010-2011 tuition fees if my child is accepted into the program in addition to a security fee for each family. I understand that if I am a member of WHC, I must be in good standing in the Fair Share program at the time of registration, and I am responsible for financial obligations to WHC through June 30 of the school year for which the child has been registered. The Directors reserve the right to exercise professional discretion as to the placement and continuation of a child in any of its programs.

Parent's name (please print) _____

Signature _____ Date _____



Parent Questionnaire - RJWECC 2010-2011

CHILD'S FULL NAME: _____

RJWECC PROGRAM APPLYING TO: _____

Please help us learn more about your child:

1. Briefly describe your child's temperament/personality.
2. What activities does your child enjoy? What are your child's strengths?
3. To help us best accommodate your child, does he/she have any medical or behavioral concerns that might impact his/her school experience?
4. Briefly describe your child's language and motor development.
5. What languages are spoken in your home?
6. What are some of your expectations for your child's experience in school this coming year?

Continued

CHILD'S FULL NAME _____

Has your child been evaluated or received any special services? Please explain below.

Type of evaluation/service	Please provide the nature/dates/contact information for evaluation or service as appropriate.
<input type="checkbox"/> Psychological/Developmental	_____
<input type="checkbox"/> Speech/Language	_____
<input type="checkbox"/> Occupational Therapy	_____
<input type="checkbox"/> Other	_____

Is there anything else you would like us to know about your child?

If your child is applying for admission to our 3's or 4's programs, please also answer the following:

1. What are some qualities you appreciate most about your child?

2. How does your child interact with other children?

3. How does your child interact with adults?

I give permission for the professional staff of the Rabbi Joseph Weinberg Early Childhood Center to contact any professional involved in the assessment, education or treatment of my child, _____, for additional information.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____