

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 2012-2013 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.

### CORE PROGRAMS (Register now)

Transitional 2 Year Olds	2 Year Olds	3 Year Olds	Pre-K
<b>Tuesday/Thursday</b> <b>Sept - Dec</b> (9:30 - 11:00 am) Child must be accompanied by parent/caregiver <b>Jan - June</b> (9:30 - 11:30 am) Child attends independently For children turning 2 between 9/1/12 - 12/31/12	<b>Monday/Wednesday/Friday</b> <b>or Monday - Friday</b> 9:15 am - 12:30 pm For children turning 2 before 9/1/12	<b>Monday - Friday</b> 9:15 am - 12:30 pm For children turning 3 before 9/1/12	<b>Monday - Friday</b> 9:15 am - 12:30 pm For children turning 4 before 9/1/12

### OPTIONAL PROGRAMS (Register in August)

Early Drop-Off	Hot Lunch Program	Enrichment (3s & Pre-K)	ACE Club (3s & Pre-K)
8:30 am <b>Monday - Friday for all students</b> <i>Children are under the care of one of our teachers who will escort them to class when the school day begins</i> Begins in September Requires 24-hour notice	<b>Monday - Friday for 3s &amp; Pre-K</b> <i>An alternative to bringing lunch from home, Potomac Pizza delivers a hot lunch to our building daily</i> Begins mid-September Register by semester	12:30 - 2:00 pm <b>Monday - Friday</b> <i>Our on-staff specialists provide a variety of enriched programming, including drama, Judaic studies, cooking and nature. Children also enjoy additional indoor and outdoor playtime</i> Begins mid-September Register by semester	2:00 - 3:00 pm For children enrolled in Enrichment <b>3's: 3 days/week</b> <b>Pre-K: Monday - Friday</b> <i>Classes are taught by well-regarded area professionals and may include sports, dance, martial arts, yoga, art, and more.</i> Begins mid-September Register by trimester

There is a significant tuition reduction for WHC Fair Share members. If you are interested in receiving more information on Temple membership benefits (including tuition reduction and priority registration) or have questions about your membership status, please contact Lindsay Fry, 202-362-7100. If more than one child from the same family attends the school, a sibling discount will be applied 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 the summer of 2012. A variety of payment options will be included with your bill. **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 2012-2013 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 Wednesday, November 30. Applications returned after November 30 will be processed in the order in which they are received.

Priority Categories
A. Fair Share Members of WHC
B. Currently enrolled non-WHC members
C. Siblings of <i>currently</i> enrolled non-WHC members
D. Siblings of <i>formerly</i> enrolled non-WHC members
E. 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.

**Temple and school accounts must be current in order to register.** There are limited scholarship funds for RJWECC/WHCPS tuition assistance. Please contact the school for more information. All requests are handled confidentially.

The Washington Hebrew Congregation Primary School enrolls children entering kindergarten. If you would like information about our Kindergarten, call 301-279-7505. Additionally, we have an outstanding program for two- through Pre-K 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 2012-2013

## 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 DOB

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  Stepfather  Stepmother  Other \_\_\_\_\_

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? \_\_\_\_\_

Are you interested in receiving information about Temple membership and the tuition discount? \_\_\_\_ (Y/N)

### PARENT/GUARDIAN INFORMATION

Relationship to applicant \_\_\_\_\_

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

Street Address (if different from applicant) \_\_\_\_\_

City State Zip

Home Phone (if different from applicant) \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Additional Email Address \_\_\_\_\_

### 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/FRIDAY)  
 \_\_\_\_ 5-DAY (MONDAY - FRIDAY)

#### THREE-YEAR-OLDS:

\_\_\_\_ 5-DAY (MONDAY – FRIDAY)

#### PRE-K:

\_\_\_\_ 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 2012-2013 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

## 2012-2013

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, are there 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 \_\_\_\_\_

RJWECC PROGRAM APPLYING TO: \_\_\_\_\_

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

<b>Type of evaluation/service</b>	<b>Please provide the nature/dates/contact information for evaluation or service as appropriate.</b>
__ Psychological/Developmental	_____
__ Speech/Language	_____
__ Occupational Therapy	_____
__ 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) \_\_\_\_\_