



Office Only
Date Received

Fall Registration 2026/2027

Date of Application _____

Child's Information

Child's Name _____ Gender _____ Start Date _____

Age as of 8/31/26 _____ Date of birth (include year) _____

Siblings' names and ages _____

Has your child attended preschool/
childcare before? Yes No

With whom does the child live? _____

How long? _____

Friend Requests: 1. _____ 2. _____

Family Information

Parent/ Guardian Name _____ Email _____

Occupation _____ Cell _____ Work _____

Home Address _____ City, State, Zip _____

Parent/ Guardian Name _____ Email _____

Occupation _____ Cell _____ Work _____

Home Address _____ City, State, Zip _____

Nanny/Babysitter: _____ Phone Number: _____

So we may be sensitive to your needs, what religious faith(s) do you practice in your home?

Member of Temple Solel Yes No Other synagogue affiliation _____

6805 East McDonald Drive, Paradise Valley, Arizona 85253

Phone: 480-991-4545 Fax: 480-991-1059

Please fill out reverse side of form →

Preschool Tuition Schedule 2026/2027

Child's Name _____ Age as of 8/31/26 _____

Non- Refundable Registration Fee **Member:** \$250 **Non- Member:** \$300

Non- Refundable Security Fee **Member and Non Member:** \$200

(non-refundable fees do not apply to any future tuition costs)

Infant and Toddlers (M-F)	<u>Member</u>	<u>Non-Member</u>
(Toddlers are 12 months and must be taking steps) 7:30-5:30 <input type="checkbox"/> \$1560		<input type="checkbox"/> \$1630

5 Days (M-F)

2's,3's, &	<u>Member</u>	<u>Non-Member</u>
Pre K		
9:00-1:00	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1020
9:00-3:00	<input type="checkbox"/> \$1230	<input type="checkbox"/> \$1300
7:30-1:00	<input type="checkbox"/> \$1310	<input type="checkbox"/> \$1380
7:30: 3:00	<input type="checkbox"/> \$1410	<input type="checkbox"/> \$1480
7:30-5:30	<input type="checkbox"/> \$1530	<input type="checkbox"/> \$1600

3 Days (MWF)

2's, and 3's ONLY	<u>Member</u>	<u>Non-Member</u>
9:00-1:00	<input type="checkbox"/> \$830	<input type="checkbox"/> \$890
9:00-3:00	<input type="checkbox"/> \$970	<input type="checkbox"/> \$1030
7:30-1:00	<input type="checkbox"/> \$1020	<input type="checkbox"/> \$1080
7:30-3:00	<input type="checkbox"/> \$1060	<input type="checkbox"/> \$1120
7:30-5:30	<input type="checkbox"/> \$1175	<input type="checkbox"/> \$1235

Toddlers & Twos Classes nap 1-3 Pre-K stay awake from 1-3 (unless otherwise requested)

*Please mark for children in our 3's program staying for aftercare: nap stay awake

*** In order to enroll in a Threes or Pre-K Class, your child must be fully potty trained.**

We only offer 5 day option for Pre-K students.

Extra Hours: \$15.00 per hour 2nd Child Discount: 5% Program Change Fee: \$25.00

Early Payment Discount: 5% discount if 10-month tuition is paid in full by July 21, 2025

One discount per family will apply regarding Sibling or Early Payment Discount.

Registration form must be accompanied by the Non-Refundable Registration Fees. By signing this agreement, I understand that school year tuition is a 10-month commitment based on 10 equal payments. **I understand that I am responsible for giving 30 days written notice** if I would like to withdraw. No refunds will be given if I do not submit my notice in the 30 day time frame. In addition, I understand that by completing this form and paying the registration and security fee I am enrolling my child in the preschool program and staffing is planned accordingly. I further understand all accounts are required to be set up on Tuition Express, which is an automatic payment system.

_____ I would like to charge the non-refundable Registration and Security Fee to my current Tuition Express account. *For all new families please complete a Tuition Express form as a part of the registration process.

Signature _____ Date _____



Required Permission and Acknowledgment Form 2026-2027

PERMISSION TO USE PHOTOS/VIDEO

(Please check each box to indicate) I give permission for my child’s photograph to be used by The Solel Preschool/Camp Solel in the following:

- Classroom Procure App
- Classroom Photobooks
- Solel Preschool Website & Brochures
- Preschool Facebook Page
- Preschool Instagram
- Posted in the Classroom or on School Hallway Bulletin Boards
- Preschool Front Office TV
- Homeroom app (if class participates)
- Pathfinder (Temple Solel bulletin sent to Temple Members)
- Submitted to the Jewish News or Jewish Life Magazine

WALKING FIELD TRIP PERMISSION

_____ I give permission for my child to take walking field trips within Temple Solel and The Solel Preschool with their class, teachers and staff. *We will not leave the Solel grounds without notifying you.

DIAPER CREAM

_____ (Infant, toddler and 2 year olds) The Solel Preschool has permission to apply diaper cream provided by me to my child while in their care.

IIMMUNIZATIONS

_____ I acknowledge that the Solel Preschool requires all enrolled children to be fully immunized according to their age or have an **ADHS Medical Exemption Form** signed by a licensed physician. The Solel Preschool does not except the ADHS Religious Beliefs Exemption Form.

EMERGENCY MEDICAL RELEASE

In case of emergency, if I am not reachable by telephone, I authorize The Solel Preschool to obtain the medical care required for my child at the nearest available treatment facility. This does not in any way hold Temple Solel or The Solel Preschool financially responsible for any medical or emergency care given.

Child’s Name _____ Date _____

Parent(s)/Guardian(s) Signature _____

Please fill out reverse side of form →



Allergy/Medical Form 2026-2027

If your child requires **any medication**, a medication consent form must be completed and returned to the front office, along with physician's instructions.

Child's Name _____ Date of Birth _____

No known allergies

My Child has allergies to (please circle):

Bees Latex Food (please specify which food or foods)

Other (please specify)

My Child is at risk for a **life-threatening allergic reaction**. See below.

Please check the circumstances in which a reaction could occur:

_____skin contact _____ingestion (eating allergen) _____inhalation (breathing allergen)

My child's allergy was identified through allergy testing _____yes _____no

My child had the following symptoms during the reaction (Check appropriate information)

Red, watery eyes Shortness of breath Coughing Swelling Hives

Nausea/Vomiting Runny nose Tightening of throat Dizziness

Other _____

If an allergic reaction should occur at school, personnel will administer first aid (apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately.

An Action plan completed by a doctor is required for allergy protocol and medication. Please indicate which further treatment a health care provider is recommending for your child:

_____Administer medication - Name and dosage _____

_____Call 911 immediately

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction****

My Child has a medical/physical condition that we should be aware of and what precautions should be taken ? Yes No
(If yes, please list precautions)

Parent(s)/Guardian(s) Signature _____ Date _____