PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus | Think for yourself. Work for the world.

Kidscorner & Dragon's Den 2021-22 Enrollment

For PJA & PPS Kindergarten-7th grade students,
Inside Portland Jewish Academy • 6651 SW Capitol Hwy. Portland, OR 97219
P: 503.535.3546 F: 503.452.7001 E: Afterschool@pjaproud.org W: www.pjaproud.org/afterschool

CHILD'S FULL NAME: | Date of Birth: | Grade:

Primary Address: | City: | State: | Zip:

School: | Child's Nickname(s): | Child's Age:

***Preferred* START Date:** _____ Child's Preferred Gender Prounoun: _____

CUSTODIAL PARENT /GUARDIAN (1): | Relationship: | Home Phone: | Cell:

Address (if different from child's): | City: | State: | Zip:

Employer: | Job Title: | Work Phone:

Email Address:

We do not give your email to any other department (aside from our accounting office), outside agency or organization without your prior consent.

CUSTODIAL PARENT /GUARDIAN (2): | Relationship: | Home Phone: | Cell:

Address (if different from child's): | City: | State: | Zip:

Employer: | Job Title: | Work Phone:

Email Address:

We do not give your email to any other department (aside from our accounting office), outside agency or organization without your prior consent.

PLEASE INDICATE where monthly billing statements are to be mailed: ☐ Parent (1) ☐ Parent (2) ☐ Other: _____

Do you have a current legal child custody order or restraining order in place? ☐ Yes ☐ No
(If yes, a copy is REQUIRED to be on file at your program)

NON-Emergency Authorized Pick Up Persons Please list non-emergency contacts who may pick up your child from the program.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

ENROLLMENT REQUEST

AFTER SCHOOL CARE: *Hours depend on school. See handbook for details* ☐**Mon** ☐**Tue** ☐**Wed** ☐**Thu** ☐ **Fri**

TRANSPORTATION OPTIONS: *From Maplewood, East Sylvan and Rieke*

Afterschool Transportation TO program ~~FROM~~ school provided by:
☐ **PJA Afterschool Bus *(Rieke, Odyssey)*** ☐ **PPS Yellow Bus (*Maplewood*)**

TUITION OPTIONS: *Refer to t our Fee Schedule Sheet for package descriptions.*

REGULAR CARE TUITION
☐ – includes JUST Before/Afterschool Care. Ability to buy Vacation Care is as needed, but dependent on space availability.

VACATION CARE TUITION
☐ – includes Afterschool Care AND Vacation Days. Enrollment in this package is required for the FULL 3-month Term (may not be dropped early or entered into late)

Release of Confidential Student Information

Portland Public Schools ("District") and Before and After-school Childcare Providers ("Program") can effectively support your student when the school and Program are allowed by you to share important information about your child for the purpose of student support, program planning, staffing and safety.

For the 2021-22 school year, the District is requiring every parent/guardian with a student enrolled in a Program to sign this release form. By signing this release form, you allow your child's school to share information about your student with the Program. This release form also grants permission to the Program to share information about your student with the school on a need-to-know basis.

Student/Child's Name | *Attending School* | *Date of Birth*

Name of Program | *Location of Program*

By signing this release, I understand that:

- Providing this consent is a requirement for my child to participate in the Program.
- This consent allows verbal information about my student's behavior, safety, education, health, social skills, and accommodations to be shared between the Program and school.
- ___(*requires parent/guardian initials)* In addition, I specifically authorize the release of school records as needed. Records will only be shared on on "as needed" basis.
- The Program will keep all information about students confidential according to its own policies.

I consent to the use and disclosure of the above information and/or records.

Signature of Parent or Legal Guardian | *Relationship* | *Date*

Authorization expires 9.2.22 Contract 2021-2022 (not more than 1 year)

Voluntary Family Background:
In an effort to better serve every child and family of our program we are collecting this voluntary information about your family background.

Primary language spoken at home:_____

Household Structure:

☐ Two parents, one house ☐ Two parents, two houses

☐ Single Parent ☐ Foster ☐ Guardian ☐ Other (please describe) _____

Additional Information:

My child participates in an ELL/ESL program: ☐ Yes ☐ No

My child has an IEP, 504 Plan or IFSP: ☐ Yes ☐ No

REQUIRED EMERGENCY CONTACT INFORMATION Persons to be contacted in the event that custodial parents/guardians are unreachable. *Please consider including a local contact (nearest acquaintance) for reunification purposes in the event of a school emergency or natural disaster*.

Name:_____Phone:_____Relationship:_____

Name:_____Phone:_____Relationship:_____

Name:_____Phone:_____Relationship:_____

PORTLAND JEWISH ACADEMY'S NON-DISCRIMINATION POLICY: Portland Jewish Academy admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, sexual orientation or ethnic origin in administration of its educational policies, admission policies or other school administered programs.

AUTHORIZATIONS: *all below initialed authorizations are valid for the duration of the school year*

Initial➔ _____ My child may be photographed for website, publicity or news purposes.

Initial➔ _____ My child's photo may be shared on PJA Afterschool's Facebook page.

Initial➔ _____ My child may be photographed for program newsletters.

Initial➔ _____ Sunscreen may be applied to my child. *You may provide the program w/ your own sunscreen if you wish. Sunscreen must be SPF 45+*

Initial➔ _____ My child may participate in field trips away from campus. I understand that school bus or public transportation may be used.

Medical Information:
Please share any medical/health information that PJA Afterschool should be made aware of. All information is kept confidential.

Allergies:
Please list any allergies your child has.

Medical Emergency Contacts:

Child's **Physician:**		Phone:	
Address:	City:	State:	Zip:
Child's **Dentist:**		Phone:	
Address:	City:	State:	Zip:
Preferred Hospital:		Phone:	
Insurance Provider:		Phone:	
Individual's Name on Insurance Policy:		Group **Number:**	

Please Note: If your child is on any medications, a separate medication form will need to be completed.

EMERGENCY MEDICAL RELEASE: In the event of a medical emergency I hereby authorize PJA Afterschool to obtain emergency medical treatment and to obligate me for all expenses. The child's parent/guardian will be notified as soon as possible in all Medical Emergencies. By signing below I authorize this Emergency Medical Release for the duration of my child's enrollment at PJA Afterschool for the school year dating **August 30, 2021-June 30, 2022**.

Custodial Parent /Guardian Signature: _____

Custodial Parent /Guardian Signature: _____

Other Information: Please share any additional information you feel would be helpful for us to know in order to best support your child

PORTLAND JEWISH ACADEMY'S DIVERSITY STATEMENT:
At PJA our mission and core values guide our community in viewing the world through an inclusive lens. We recognize, respect and teach the importance of the vast expansiveness of human diversity. Members of our school community represent a multitude of backgrounds, identities and religious observances and are committed to the values of study, respect, responsibility, community, appreciation, and identity. We are committed to creating and sustaining a safe, supportive, welcoming and compassionate environment for all. We recognize and respond to individual and institutional prejudices, both overt and subtle. We demonstrate our commitment to diversity in our program, policies and school culture.

PAYMENT AGREEMENT: By signing below I agree to pay the monthly tuition fees for the above contracted care by the 15th of the month beginning the first month of care. I understand that I will be billed and do hereby agree to pay all Vacation Program fees *(registration, cancellation & late fees)* incurred as well as any other additional fees I may incur, including late pick-up fees. I also understand that non-payment of fees owed may result in the loss of my child's program space and/or my account being turned over for collection *NOTE- if custody of child is joint, or non-custodial parent is enrolling child then the custodial parent will need to sign below to complete enrollment.*

POLICY ACKNOWLEDGEMENT: I have read and agree to abide by guidelines set forth in the 2021-2022 Program Handbook regarding policies and procedures. I agree that all signatures on this enrollment form are valid from August 30, 2021 - June 30, 2022

Custodial Parent /Guardian Signature:	Date:
Custodial Parent /Guardian Signature:	Date:
Signature of Additional Payer *(if applicable):*	Date:

Billing Questions can be directed to the Director of PJA Afterschool Department or our accounting office.
Third Party Payments are welcome by PJA; ie DHS, CSD, JOBS, etc.; once written verification is received from the third party. Fees accrued prior to the effective date, as well as unpaid portion, are the responsibility of the parent/guardian.
Tuition Assistance is available. Applications are available on our website or upon request. Tuition Assistance is never greater than 50% of the monthly tuition.

REGISTRATION FEE: A non-refundable registration fee (see below) must accompany this completed form for us to consider your application. If your application is accepted we will send you out a written confirmation and you will be required to pay the first month's tuition fee to hold your spot. First month's tuition is refundable so long as notice of cancellation occurs prior to 30 days before the start of school.

$50 for a 1st child; **$25** for a 2nd child; **$75** for 3 or more children

☐ I ave included a check *(made payable to – Portland Jewish Academy or PJA)*

☐ I would like to pay with credit card and have included a 21-22Auto Payment Form *(Visa or MasterCard ONLY)*

2021-22 Fee Schedule: Please see your program's annual Fee Schedule for the current year's tuition fees. Fee schedules can be found on our website at www.pjaproud.org/afterschool or in hard copy form at your program.

FOR PJA AFTERSCHOOL DEPARTMENT USE ONLY:

Date Received:

Received by:

Approved Start Date: First Day

Vacation Tuition: Yes ◯ No ◯

Confirmation Mailed: ☐

Payment Method: ☐ Check ☐ Cash ☐ Credit

Amount Paid: $_____

2nd Child Sibling Discount: PPS (10%) ☐

PPS Release: Yes ◯ No ◯

Monthly Tuition Rate: $_____