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

Kidscorner & Dragon's Den 2020-21 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/afterscho

CHILD'S FULL NAME:				Date of Birth:		Grade:
Primary Address:			City:	·	State:	Zip:
School:	Child's Nickname(s	s):		Child's Age:		
Preferred START Date:	·			ild's Preferred nder 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:					accounting of	o any other department office), outside agency or or 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:					accounting o	any other department office), outside agency or or consent.
PLEASE INDICATE where monthly billing statements are	to be mailed:	☐ Parent (1)	□ Parent ((2)	_	
Do you have a current legal child custody order or re (If yes, a copy is <u>REQUIRED</u> to be on file at your pro		in place?			Yes	□ No
ION-Emergency Authorized Pick Up Persons P	Please list <u>non-e</u>	<u>emergency</u> co	ontacts wi	ho may pick ι	ıp your c	hild from the progra
Name:		Phon	e:		F	Relationship:
Name:		Phor	ne:			Relationship:
Name:		Phor	ne:		1	Relationship:
	ENROLLMEI	NT REQUE	ST			
AFTER SCHOOL CARE: Hours depend on school. See handbook	k for details	Mon	□Tue	□Wed	□T	'hu □ Fri
TRANSPORTATION OPTIONS: From Maplewood, East Sylvan	апа кіеке	=		am <u>FROM</u> schoo	-	=
TUITION OPTIONS: Refer to t our Fee Schedule Sheet for package descr.	riptions.	Afterschool Bu	s(<i>Rieke, Od</i>)	<i>yssey)</i> — PPS	Yellow Bus	s (Maplewood)
REGULAR CARE TUITION		ATION CARE			Famaller !	in this most are to
 includes JUST Before/Afterschool Care. Ability to buy Vacation Care is as needed, but dependent on space availability. 	, , , , , , , ,					in this package is early or entered into

Release of Confidential Student Information

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

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 2020-21 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 Location of Program Name 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 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 9.2.21 Contract 2020-2021 (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 □ Foster ☐ Guardian ☐ Other (please describe) ☐ Single Parent **Additional Information:** My child participates in an ELL/ESL program: □Yes □No

□Yes □No

REOUIRED EMERGENCY CONTACT INFORMATION Persons to be contacted in the event that custodial parents/guardians are

Phone:

origin in administration of its educational policies, admission policies or other school administered programs.

unreachable. Please consider including a local contact (nearest acquaintance) for reunification purposes in the event of a school emergency

Phone:

Relationship:

Relationship:_____

My child has an IEP, 504 Plan or IFSP:

or natural disaster.

Name:___

Name:

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

AUTHORIZ	ZATIONS: all below initialed authorizati	ions are valid for the duration	on of the school yea	r		
Initial >	My child may be photographed t	for website, publicity or	news purposes.			
Initial→	My child's photo may be shared	on PJA Afterschool's Fac	cebook page.			
Initial→	My child may be photographed t	for program newsletters.				
Initial→	Sunscreen may be applied to my	y child. You may provide the	e program w/ your ov	vnsunscreen if you v	wish. Sunscreen must be SPF 45	
	My child may participate in field					
	Iformation: any medical/health information that F	PJA Afterschool should b	e made aware of.	All information is k	ept confidential.	
Allergies : Please list ar	ny allergies your child has.					
Medical E	mergency Contacts:					
Child's Physician:	,		Phone:			
Address:		City:		State:	Zip:	
Child's Dentist:			Phone:			
Address:		City:		State:	Zip:	
Preferred Hospital:		,		Phone:		
Insurance Provider:	nce		Phone:	Phone:		
Individual's Na on Insurance F			Group Number:			
medical trea Emergencies		t of a medical emergenc nses. The child's parent nergency Medical Releas	y I hereby author 'guardian will be r	ize PJA Afterschool otified as soon as p	to obtain emergency possible in all Medical	
Custodial Par /Guardian Sig	rent					
		information you fool way	ld he helpful for	to know in order to	hoot cumpart your child	
Other Inio	rmation: Please share any additional	information you reel wou	ia be neiprarior us	s to know in order to	b best support your crillo	

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

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 2021-2021 Program Handbook regarding policies and procedures. I agree that all signatures on this enrollment form are valid from August 25, 2020 - June 30, 2021

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

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/quardian.

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 20-21Auto Payment Form(Visa or MasterCard ONLY)

2020-21 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: \$		