

REGISTRATION *Preschool*

Portland Jewish Academy Enrollment Form September, 2018 - June, 2019

INFORMATION

Child's First Name _____ Last Name _____ Birth date _____

Nickname _____ Hebrew Name (optional) _____ Gender _____

Child's Primary Address _____

City _____ State _____ Zip _____ Home Phone _____

Start date (if other than the first day of the new school year) _____

FAMILY/GUARDIAN #1

Name _____

Address (if different than above) _____

Home Phone _____ Cell Phone _____ Work Phone* _____

*required by the State of Oregon Childcare Division

E-mail _____

FAMILY/GUARDIAN #2

Name _____

Address (if different than above) _____

Home Phone _____ Cell Phone _____ Work Phone* _____

*required by the State of Oregon Childcare Division

E-mail _____

Please indicate where monthly billing statements are to be mailed:

Child's Primary Address Guardian (1) Guardian (2) Other _____

VISA/MC/Checking monthly automatic payments may be arranged by contacting Beth Germain at 503.535.3593 or bgermain@pjaproud.org

REGISTRATION REQUESTS

Early Care 7:30 - 8:30 am (There is no charge for early care but registration is requested to help us assess staffing)

Monday Tuesday Wednesday Thursday Friday

Preschool 8:30 am - 12:30 pm

2 Day 2s* 3 Day 3s (Mon/Wed/Fri) _____ 5 Day 3s (Mon-Fri) Pre-K _____

*Please note that early and after care are not available to students enrolled in 2 Day 2s class. Please use Infant Toddler form for full day care for 2 year-olds.

Afternoon care 12:30 - 4:00 pm

Monday Tuesday Wednesday Thursday Friday

Extended Day 4:00-6:00 pm

Monday Tuesday Wednesday Thursday Friday

No child may enroll in this program without emergency and medical contact information provided in its entirety.

In an emergency we will attempt to contact parents first followed by the emergency contacts in the order listed below.

Persons authorized to pick up my child in a non-emergency (other than parents) - optional.

(This applies to carpooling families, care givers, grandparents, other PJA families, etc)

Name (1) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (2) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (3) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

EMERGENCY CONTACTS -- Required -- To be contacted in the event parents are unreachable.

Name (1) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (2) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (3) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

MEDICAL EMERGENCY CONTACTS

Physician _____ Phone _____

Insurance Provider _____ Group # _____ ID# _____

Dental Provider (if applicable) _____ Phone _____

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency, I hereby authorize Portland Jewish Academy's Preschool to obtain emergency medical treatment and to obligate me for all expenses. I 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 Portland Jewish Academy for the school year of July 2018 - June 2019.

Family/Guardian Signature _____ Date _____

Family/Guardian Signature _____ Date _____

MEDICAL INFORMATION

Please indicate if your child has any health concerns

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Diabetes_____ |
| <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Frequent upper respiratory infections | <input type="checkbox"/> Hearing/Speech difficulties |
| <input type="checkbox"/> Learning Disabilities or Delays | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision impairment/glasses |
| <input type="checkbox"/> Urinary Tract Infections | <input type="checkbox"/> Dental issues | <input type="checkbox"/> Nursemaids Elbow |

Past Significant Illnesses _____

Surgeries _____

Accidents _____

Allergies to:

Type of Reaction

Foods _____

Medications _____

Insects _____

Other _____

Please provide further medical/health information below. All information is confidential and will not be shared with other families. Parents are asked to update their child's health information as necessary during the school year.

Please share with us any other information that you feel would assist teachers in caring for your child.

AUTHORIZATIONS (All initialed permissions are authorized for the September 2018-June 2019 school year)

- My child may be photographed for publicity, website or news purposes (please initial) Yes ___ No ___
- My child's photo may be posted on Facebook for publicity or news purposes (please initial) Yes ___ No ___
- My child may be photographed for class and school newsletters or class projects (please initial) Yes ___ No ___
- Sunscreen may be applied to my child (please initial) Yes ___ No ___
- My child may view age-appropriate videos when they apply to a unit of study (please initial) Yes ___ No ___
- My child may attend field trips away from campus on foot or in authorized vehicles (please initial) Yes ___ No ___
- My child may not attend field trips and I will find other arrangements for my child's school day (please initial) Yes ___ No ___
- Please initial next to the information that we may publish in our Family Directory
 - Family Name
 - Address
 - Home telephone
 - Cell phone
 - E-mail(s)
 - Child's Birth Date

POLICY ACKNOWLEDGEMENT

I have read and agree to abide by guidelines set forth in the Portland Jewish Academy's 2018-2019 Preschool parent handbook regarding policies and procedures.

Parent signature _____ Date _____

Parent signature _____ Date _____

REGISTRATION FEE

A non-refundable \$200 tuition deposit must accompany this form. The \$200 will be applied towards your first tuition payment. If your child is new to PJA, an additional \$50 registration fee is also due with this application.

- I have included a check made out to Portland Jewish Academy.
- I would like to have the deposit and/or registration fee charged to my Visa / Mastercard. My card number will not automatically be used for future tuition payments.

Credit card # _____ Expiration date _____ 3-digit code: _____

Name as it appears on the card _____

TUITION

Tuition for the preschool day (8:30 to 12:30) is billed in ten payments July through April. Aftercare is billed monthly September through June. Full fees are to be paid regardless of holiday, vacation, illness or absence. Withdrawal or changes in your child's enrollment must be given in writing 30 days in advance to the Director. Billing questions may be addressed to Beth Germain, CFO at bgermain@pjproud.org or 503.535.3593. PJA Tax ID# 93-0504473

PRESCHOOL	8:30-12:30	ANNUAL	MONTHLY
5 Days	M-F	\$8,930	\$893
3 Days	M/W/F	\$6,760	\$676
2 Days	T/R	\$5,360	\$536

AFTERNOON CARE	12:30-4:00	ANNUAL	MONTHLY
5 Days		\$4,410	\$441
4 Days		\$3,920	\$392
3 Days		\$3,360	\$336
2 Days		\$2,680	\$268

EXTENDED DAY	4:00-6:00	ANNUAL	MONTHLY
5 Days		\$2,130	\$213
4 Days		\$1,870	\$187
3 Days		\$1,640	\$164
2 Days		\$1,300	\$130

Daily Drop-in Rate: Afternoon Care \$30 Extended Day \$15

Would you like up to \$2,000 towards your child's Jewish preschool tuition?

For those who qualify, Right Start will provide funding to help you ensure your child has the right start on developing a life rooted in Jewish values and traditions.

To be eligible your child must be:

- Enrolled in a participating Jewish infant care, toddler care or preschool for the first time (Portland Jewish Academy qualifies)
- Enrolled in a class where the child attends independently and meets at least two days per week for either a half or full day.
- A member of a family where at least one parent identifies as Jewish.
- Applications must be completed online by  Jewish Federation OF GREATER PORTLAND  Right Start October 15 of the year that your child is attending.

For more information and to apply: jewishportland.org/rightstart

NONDISCRIMINATION 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.