

# PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus

## Kidscorner & Dragon's Den 2018-2019 Enrollment

For PJA & PPS Kindergarten-7<sup>th</sup> grade students,  
Inside Portland Jewish Academy • 6651 SW Capitol Hwy. Portland, OR 97219 • FAX 503.452.7001

Please include handwritten signatures on all spaces where signatures are requested

Director of PJA-Afterschool Department • 503.535.3546 • [Afterschool@pjaproud.org](mailto:Afterschool@pjaproud.org)

Child will attend (please check one): KIDSCORNER (K-3rd) \_\_\_\_\_

DRAGON'S DEN (4th-7th) \_\_\_\_\_

CHILD'S FULL NAME:	Date of Birth:	Grade
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Primary Address:	City:	State:	Zip:
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School:	School Start Time:	School Dismissal Time:
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Preferred START Date: \_\_\_\_\_

Student's Gender Preference: \_\_\_\_\_

CUSTODIAL PARENT /GUARDIAN (1):	Relationship:	Home Phone:	Cell:
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Address (if different from child's):	City:	State:	Zip:
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Employer:	Job Title:	Work Phone:
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Email Address:	<i>Please note, we do not give your email to any other department (aside from our accounting office), outside agency or organization without your prior consent!</i>
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CUSTODIAL PARENT /GUARDIAN (2):	Relationship:	Home Phone:	Cell:
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Address (if different from child's):	City:	State:	Zip:
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Employer:	Job Title:	Work Phone:
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Email Address:	<i>Please note, we do not give your email to any other department (aside from our accounting office), outside agency or organization without your prior consent!</i>
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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 Program)

**REQUIRED EMERGENCY CONTACT INFORMATION**-Persons other than the above listed parents/guardians that are authorized to pick-up child. *Please consider including a local contact (nearest acquaintance) for reunification purposes in the event of a school emergency or natural disaster.*

Name:	Phone:	Relationship:
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Name:	Phone:	Relationship:
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Name:	Phone:	Relationship:
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### ENROLLMENT REQUEST:

**AFTERSCHOOL CARE:** Program hours are 2:15-6:00PM  Mon  Tue  Wed  Thu  Fri

#### MONTHLY TUITION OPTIONS:

Refer to the Program Fee Schedule for package descriptions, page 4

##### REGULAR CARE TUITION

– includes JUST 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)

#### TRANSPORTATION OPTIONS:

FROM the following schools: East Sylvan, Maplewood, Reike

Afterschool Transportation TO Kidscorner from school provided by:

Kidscorner Bus  Public School Bus  via PJA Teacher



## Release of Confidential Student Information

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

For the 2018-19 school year, Portland Public Schools require every parent/guardian with a student enrolled in an After School Care Program to sign this Release form. By signing this 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*

*Kidscorner or Dragon's Den*

*PORTLAND JEWISH ACADEMY*

*Name of Before and After School Care 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 records and information about my student's behavior, safety, education, health, Individualized Education Plan, and social skills to be shared between the Program and my child's school.
- \_\_\_ *(Optional: requires parent/guardian initials)* In addition, I specifically authorize the release of school records as needed. Records will only be shared on an "as needed" basis.
- The Program will keep all information about students confidential according to its own policies.

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

*Signature of Parent or Legal Guardian*

*Relationship*

*Date*

Authorization expires 9.1.19  
Contract 2018-19

### 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...again this section is Voluntary.

**1. What is your child's primary language?** \_\_\_\_\_

**2. Does your child speak any other language(s) in addition to their primary language?**  Yes  No

*If yes, please list any other language(s) that they speak fluently:* \_\_\_\_\_

### Select the choices that best describe your child's ethnicity. VOLUNTARY

- American Indian/Alaskan     Native Black or African American     Native Hawaiian or other Pacific Islander  
 Asian     Hispanic/Latino/Spanish     White     Other: (please list) \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES:** We are ALWAYS interested and in need of volunteer help both at the program and behind the scenes. If you have any special talents and skills you would be willing to share with the staff or children; or maybe you are able to help donate unique or interesting resources we can utilize at the program; or perhaps you would prefer to help in other ways in more behind the scenes/outside the program areas...please do let us know:

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

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**AUTHORIZATIONS:** *all below initialed authorizations are valid for the duration of the school year, August 30 2018 June 30, 2019.*

Initial → \_\_\_\_\_ My child may be photographed for program-related projects, program publicity or news purposes (*full names are never printed!*)

Initial → \_\_\_\_\_ Sunscreen may be applied to my child – *if desired, you may provide your own sunscreen labeled with your child's name.*

Initial → \_\_\_\_\_ My family name and phone may be included in the Program Directory (*Child's name, grade & school are automatically added.*)

## REQUIRED HEALTH INFORMATION

Has your child had Chicken Pox:  
 YES  NO

Date of  
Last Tetanus:

Date last  
seen by Physician:

**Please check if your child has any health concerns you would like to share with us:** (please check ALL that apply)

Asthma

Behavioral disorders (autism, phobias, depression)

Dental

Diabetes

Enuresis (bedwetting)

Frequent upper respiratory infections

Hearing/speech difficulties (ear tubes, hearing aid, difficulty communicating)

Learning Disorders: ADHD, ADD, dyslexia, aphasia-dysphasia

Seizures

Urinary Tract Infections

Vision impairment/glasses

OTHER: \_\_\_\_\_

Current Medications:

Accidents:

**DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES:**  YES  NO

TYPES of REACTIONS:

*Please list all known allergies and reactions below*

Foods/Plants: \_\_\_\_\_

Animals/Insects: \_\_\_\_\_

Medications: \_\_\_\_\_

OTHER: \_\_\_\_\_

**DOES YOUR CHILD HAVE AN IEP** (*Individualized Education Plan*) **or IFSP** (*Individualized Family Service Plan*):  YES  NO

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: \_\_\_\_\_

**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. Syrup of ipecac may be administered if deemed necessary by the Poison Control Operator. 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 PJA Afterschool for the duration of the school year, **August 25, 2018 - June 30, 2019.**

Custodial Parent

/Guardian Signature: \_\_\_\_\_

Custodial Parent

/Guardian Signature: \_\_\_\_\_

**Please provide us with any further Medical/Health information that may be useful in providing the best possible care for your child.** Note that all information is kept confidential, and we ask that Parents/Guardians update their child's information with us if needed throughout the school year:

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## PORTLAND JEWISH ACADEMY'S DIVERSITY STATEMENT:

"Every person is created from the stamp of the first person, yet no two people are exactly alike." **Mishna Sanhedrin 4:5**

At PJA our mission and middot (core values) guide our community in viewing the world through a Jewish 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 limmud (study), kavod (respect), akhrayut (responsibility), kehillah (community), hodayah (appreciation), and zehut (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 Jewish culture.

**Billing Questions** can be directed to the Director of PJA Afterschool Department at 503.535.3546 or our accounting office at 503.535.3593.

**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.**

**PAYMENT AGREEMENT:** By signing below I agree to pay the monthly tuition fees for the above contracted care by the 15<sup>th</sup> 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 Kidscorner 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 Program Handbook regarding policies and procedures.

I agree that all signatures on this enrollment form are valid from **August 25, 2018-June 30, 2019.**

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

**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 a written confirmation and you will be required to pay the first month's tuition fee to hold your spot...this tuition fee is also non-refundable.

**\$50** for a 1<sup>st</sup> child;      **\$25** for a 2<sup>nd</sup> child;      **\$75** for 3 or more children      – Includes siblings in Dragon's Den

- I have included a check (made payable to – Portland Jewish Academy or PJA)  
 I would like to pay with credit card (Visa or MasterCard ONLY)

*To pay by Credit Card for the Registration Fee AND/OR Monthly Tuition payments please complete our separate Automatic Payment Form*

## Kidscorner/Dragon's Den 2018-19 Rate Schedule

**Monthly Tuition OPTIONS:** Flat Rates for September 2018 – May 2019,

Tuition is billed the first of each month, with the exception of September which is billed in July or August depending upon date of enrollment.

REGULAR CARE TUITION <i>Month-to-month</i>	PPS After Care <b>2:15-6PM</b>	PJA After Care <b>3:30-6PM</b> <i>(includes Friday 2:30 dismissals)</i>
<b>5 days/week</b>	\$495 /month	\$379 /month
<b>4 days/week</b>	\$464 /month	\$354 /month
<b>3 days/week</b>	\$391 /month	\$300 /month
<b>2 days/week</b>	\$325 /month	\$249 /month
<b>1 day/week</b>	\$170 /month	\$129 /month

**INCLUDES** Only regular Afterschool Care  
**EXCLUDES** PPS Late Opening Care & Vacation Programs and any Vacation Care offered in June!

## EXTRA DAY DROP-IN SERVICE

Participants must be enrolled in regular weekly care in order to use this option.

**Includes all After Care from 2:15-6:00PM;** \$40/child/day

*Available ONLY if space is available: a 24-hr Advance Request is REQUIRED*

VACATION CARE TUITION <i>Monthly for Full 3-month Term minimum</i>	PPS After Care <b>2:15-6PM</b>	PJA After Care <b>3:30-6PM</b> <i>(includes Friday 2:30 dismissals)</i>
<b>5 days/week</b>	\$582 /month	\$453 /month
<b>4 days/week</b>	\$552 /month	\$428 /month
<b>3 days/week</b>	\$480 /month	\$375 /month
<b>2 days/week</b>	<b>Not Available</b>	<b>Not Available</b>
<b>1 day/week</b>	<b>Not Available</b>	<b>Not Available</b>

**INCLUDES** regular Afterschool Care & Vacation Programs  
**EXCLUDES** any Vacation Care offered in June

## VACATION CARE PROGRAMS:

*For non-Vacation Care Tuition Members*

**FULL-Day Care Programs;** 8AM-6PM; \$50/child/day PJA

**HALF-Day Care Programs;** 12PM-6PM; \$30/child/day

## FOR PJA-AFTERSCHOOL DEPARTMENT USE ONLY:

Date Received:	Received by:	Approved Start Date:	Vacation Tuition: Yes / No	Confirmation Mailed:
Payment Method: ___ Check ___ Cash ___ Credit	Amount Paid: \$ _____	2 <sup>nd</sup> Child Sibling Discount: PPS (10%) PJA (50%) N/A	PPS Release completed: Yes / No / NA	