

PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus

KIDSPLACE 2018-19 Enrollment

For SkylineStudents, Kindergarten-7th grade students, Kidsplace@pjaproud.org
11536 NW Skyline Blvd, Portland, OR 97231 • 503.535.3612 • FAX 503.452.7001 • www.pjaproud.org/Kidsplace
Director of PJA-Afterschool Department • 503.535.3546 • Afterschool@pjaproud.org

Please include handwritten signatures on all spaces where signatures are requested

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

Preferred START Date: _____

Child's Gender Preference: _____

CUSTODIAL PARENT /GUARDIAN (1):	Relationship:	Home Phone:	Cell:
Address (if different from child's):	City:	State:	Zip:
Employer:	Job Title:	Work Phone:	

Email Address:

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!

CUSTODIAL PARENT /GUARDIAN (2):	Relationship:	Home Phone:	Cell:
Address (if different from child's):	City:	State:	Zip:
Employer:	Job Title:	Work Phone:	

Email Address:

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!

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 Kidsplace)

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

ENROLLMENT REQUEST

BEFORE SCHOOL CARE: hours are 7:00-8:45AM Mon Tue Wed Thu Fri

AFTERSCHOOL CARE: hours are 3:00-6:00PM Mon Tue Wed Thu Fri

MONTHLY TUITION OPTIONS:

Please refer to the Kidsplace Rate Schedule for package descriptions, page 4

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)

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Release of Confidential Student Information

Portland Public Schools ("District") and Before and After-School 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 purposes of student support, program planning, staffing, and safety.

For the 2018-19 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

PJA-KIDSPLACE

SKYLINE SCHOOL

Name of Before and After School Care Program

Location of Program

By signing this release, 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 Program and 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 one choice that best describes 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 at Kidsplace, 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 of Kidsplace; 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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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: _____

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 Kidsplace 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. 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 Kidsplace for the school year dating August 25, 2018 to 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 like." 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 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 Kidsplace 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 30 2018-June 30, 2019.**

Custodial Parent /Guardian Signature:	Date:
Custodial Parent /Guardian Signature:	Date:
Signature of Additional Payer (<i>if applicable</i>):	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 out 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 1st child; **\$25** for a 2nd child; **\$75** for 3 or more children

- 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

KIDSPLACE 2018-19 Rate Schedule

Monthly Tuition OPTIONS: Flat Rates for September 18 - May 19

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

Month-to-month

INCLUDES Only regular Afterschool Care
EXCLUDES Vacation Programs any Vacation Care offered in June!

	Before Care 7-8:45AM	After Care 3:00-6PM	Before Care 7-8:45AM & After Care 3:00-6PM
5 days/week	\$145 /month	\$447 /month	\$541 /month
4 days/week	\$131 /month	\$400 /month	\$477 /month
3 days/week	\$117 /month	\$351 /month	\$420 /month
2 days/week	\$103 /month	\$270 /month	\$343 /month
1 day/week	\$89 /month	\$175 /month	\$263 /month

EXTRA DAY DROP-IN SERVICE

Participants MUST be enrolled in regular weekly care in order to use this option!

Before Care 7:00-8:45AM; \$20/child/day

After Care 3:00-6:00PM;

\$30/child/day

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

VACATION CARE TUITION

Monthly for Full 3-month Term minimum

INCLUDES Regular Afterschool Care & Vacation Programs
EXCLUDES any Vacation Care offered in June!

	Before Care 7-8:45AM	After Care 3:00-6PM	Before Care 7-8:45AM & After Care 3:00-6PM
5 days/week	<i>Not Available</i>	\$533 /month	\$627 /month
4 days/week	<i>Not Available</i>	\$487 /month	\$566 /month
3 days/week	<i>Not Available</i>	\$439 /month	\$508 /month
2 days/week	<i>Not Available</i>	<i>Not Available</i>	<i>Not Available</i>
1 day/week	<i>Not Available</i>	<i>Not Available</i>	<i>Not Available</i>

VACATION CARE PROGRAMS:

For non-Vacation Care Tuition Members

FULL-Day Care Programs; 8:00AM-6:00PM

\$50/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 nd Child Sibling Discount: PPS (10%) N/A	PPS Release: Yes / No	