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# JEWISH ENRICHMENT PROGRAM

For office use only: Date Admitted: _____ Date Discharged: _____
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## APPLICATION FOR ADMISSION 2011 - 2012

*PLEASE PRINT NEATLY*

Name of Child \_\_\_\_\_ Nickname: \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email address of child \_\_\_\_\_

Marital status of parents: \_\_\_\_\_  
Are both parents Jewish?  Yes  No \_\_\_\_\_  
Have there been any conversions or adoptions in the family (including parents, grandparents, etc.)?  
 Yes  No If yes, please describe: \_\_\_\_\_

Father's Name \_\_\_\_\_  
Title First name Last name Hebrew name  
Occupation \_\_\_\_\_ Business name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Pager \_\_\_\_\_ Cellular phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Title First name Last name Hebrew name  
Occupation \_\_\_\_\_ Business name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Work Hours \_\_\_\_\_  
Pager \_\_\_\_\_ Cellular phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Brothers and Sisters of child:

<u>Name</u>	<u>Birthdate</u>	<u>School</u>	<u>Grade</u>	<u>Living at home</u>	<u>Stepbrother/Sister</u>

Has your child had any previous Hebrew Education?  Yes  No \_\_\_\_\_

Does your child read basic Hebrew?  Yes  No \_\_\_\_\_

Does your child have any difficulties with general studies?  Yes  No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Is there any additional information you would like to share about the specific needs or learning style of your child, or about your family? \_\_\_\_\_

**FIELD TRIP PERMISSION**

I give my child \_\_\_\_\_ permission to participate in field trips planned for the JEP. School vehicles or parents' vehicles will be used, with the proper supervision of teachers and parents.

**CAR POOL AUTHORIZATION**

The following people are authorized to take my child \_\_\_\_\_, to and from JEP.

1. Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

**INDIVIDUAL OR GROUP PICTURE PERMISSION**

I grant permission for my child \_\_\_\_\_ to be photographed in an individual or group picture, which may be released to newspapers or used by the JEP at the discretion of the director.

Parent's Signature for all of the above: \_\_\_\_\_

Date \_\_\_\_\_

**MEDICAL EMERGENCIES**

**A.** In case of an emergency, when neither parent can be reached, give names of two people who will take responsibility for your child.

1. Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Relationship to student \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Relationship to student \_\_\_\_\_

**B.** If parents cannot be reached and emergency medical advice is needed, permission is given to the Chabad Staff to phone my child's doctor:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Doctor's Hospital Affiliation \_\_\_\_\_

**C.** In case of a medical emergency requiring immediate emergency care, I authorize a staff member who is certified in First Aid to provide care to my child. I authorize the Paramedics to take my child \_\_\_\_\_ to the nearest hospital, if necessary.

**D.** Allergic reactions to food and/or medication \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication child is taking on a regular basis \_\_\_\_\_

\_\_\_\_\_  
Any special medical circumstances \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Tuition Schedule:

All classes (for grades Pre-K through 7) will take place on Sunday mornings from **9:00am until 12:00pm**. The cost is \$925 per child for the year.

(There is a \$100 Early Bird discount per child for registrations received before May 29th)

To ensure your child's space in the JEP program, please return the registration together with a (non-refundable) deposit of \$100.00 per child, which will be applied to your tuition bill. For financial arrangements other than those detailed below, please call Rabbi Tenenbaum at (847) 782-1800.

*Tuition may be paid in one of the following ways:*

- *Full payment by September 11, 2011*
- *Four payments due September 11, 2011, October 1, 2011, November 1, 2011, December 1, 2011*
- *9 payments due on the first of each month, September - May*

*Acceptable form of payment for installment plans: Post-dated checks or a credit card number to be charged on the first of each month.*

We hire and make commitments to our staff based on registrations received; therefore we cannot refund any deposits or tuition payments.

Please make checks payable to Chabad.

I affirm that all the information that I have provided is accurate.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_