



The Steinmetz Family School of Chai

Congregation of Reform Judaism

2018-19 Registration & Tuition Worksheet

Student Last Name _____

Student/Family Information			
Parent One Last Name:		First Name	
Work Phone:	Home Phone:	Cell Phone:	E-mail:
Parent Two Last Name:		First Name	
Work Phone:	Home Phone:	Cell Phone:	E-mail:
Address:			
City:	State	Zip	

Please complete one tuition worksheet per family. Payment arrangements and/or tuition payment must accompany this worksheet along with a student registration, field trip permission slip and ***Brit K'hillah*** (behavior contract) for ***each*** child who will be enrolled in religious school. In order to process this registration all prior temple financial obligations must be current.

Tuition		
Grade	If paid in full by 6/30	After 7/1
Pre-K, Kindergarten, 1 st & 2 nd Grades (Sundays)	\$575	\$650
Grades 3 - 6 (Sundays and Wednesdays)	\$675	\$750
Book & Activity Fee Per Child - \$50 <i>(Waived for Pre-K Families)</i>		
<ul style="list-style-type: none"> \$100 deposit per child is due at the time of registration if not paying in full. Tuition arrangements must be made at time of registration. CRJ membership must be in good standing in order to enroll in the school. 		
We sincerely appreciate any additional contribution that you could make to the Melvin Yarmuth School Scholarship Fund. <i>What is the amount of your donation?</i>		
<input type="radio"/> \$18 <input type="radio"/> \$36 <input type="radio"/> \$72 <input type="radio"/> \$108 <input type="radio"/> OTHER \$ _____		
Student's Name	Grade	Tuition + Book/Activity Fee
1)		
2)		
3)		
Total Tuition for Family:		_____

Student Registration

(All three pages must be completed for EACH child enrolled in school)

Student/Family Information					
Student's Last Name:	First Name	Nickname	Hebrew Name	Date of Birth	Gender: M or F
Student's Mailing Address		City/State/Zip		School Grade Entering in 18/19?	
Home Phone		Primary E-mail Address		Is your child a new student in our Religious School? YES NO	
Did your child previously attend Religious School elsewhere, and if so, where, and through what grade?					
If parents are divorced or separated, with whom does child reside?			Do you want mailings to be sent to both parents? YES NO		

Parent Contact Information		
Name of Parent 1	Daytime/Emergency Phone #	Cell Phone #
Address	City/State/Zip	Is this the Child's Primary Address? YES NO
Name of Parent 2	Daytime/Emergency Phone #	Cell Phone #
Additional E-Mail Address to the one listed above:	Child's Bar or Bat Mitzvah Date, if known:	
Name of Child's Public or Private School:		
Medical Needs (i.e. daily medications, allergies, etc.):		

Special Information:

Keeping us informed helps to meet the individual needs of your child. We strongly encourage you to write any information about learning styles, learning differences, or other challenges that are pertinent. If you would rather discuss this in person, please feel free to call the Director of Education, Dr. Sheryl Sacharoff, Ed.D, at (407)645-0444 or email - ssacharoff@crjorlando.org

Photography Release: I hereby grant permission for my child to be photographed at school activities and to have his/her photo in all CRJ marketing. YES NO

Emergency Medical Information: This is to certify that my child has my permission to participate in all activities that are part of the Steinmetz School of Chai. If there are any restrictions please list:

Health Insurance Company and Policy Number:

Primary Physician's Name

Primary Physician's Phone #

Emergency Contact Person
(other than parent)

Phone #

Relationship

Emergency Medical Release: I hereby give my consent to the Director of Education, or person designated as such to make available, to my child, professional emergency medical care if such care is absolutely necessary. It is understood that a conscientious effort will be made to notify me or my spouse prior to such action taking place. It is further understood that every effort will be made to contact my child's Physician prior to any treatment; however, in the event this is not possible, I give my permission for my child to receive proper emergency medical care by any doctor, nurse, paramedic or member of a medical staff of the hospital where emergency treatment is being done.

Parent Signature:

Date:

Brit Kehillah - A Community Covenant

In order for all students to have the benefit of a nurturing, educational environment, the Steinmetz Family School of Chai has instituted this Brit Kehillah. All students will be required to sign this contract in order for them to attend religious school. We hope that you will go over this covenant with your child prior to having them sign it, to ensure a proper understanding of the agreement below:

1. I will attend and participate fully in the entire program, unless otherwise agreed upon by the Director of Education. I will arrive on time, be prepared with all my materials, stay until the end, and remain in the program and on the premises at all times. If I need to leave early, I will bring a note from my parent or guardian and my parent will properly sign me out through the school office.
2. I understand that vandalism, disrupting the class, or other inappropriate behavior as determined by any teacher or member of the administrative staff will not be tolerated. I understand that I or my family will pay for any damage to school property that I cause. I further understand that any such vandalism or inappropriate behavior could result in my suspension or expulsion.
3. I understand that visitors must be approved in writing by the Director of Education in advance of the visit.
4. I will abide by the attendance policy as stated in the Parent's Handbook and understand that failure to abide by this policy may result with me being held back the following year.
5. I will not participate in any behavior which may be considered "bullying." Bullying is a particularly dangerous form of behavior which leads to both physical and mental distress.
6. I will act in a respectful manner to all teachers, administrators, peers, and myself. This includes following all classroom conduct rules set forth by my teacher in order to maintain a healthy learning environment.
7. I understand that I represent myself, my family, and the Congregation of Reform Judaism at all times.

I further understand that failure to abide by the rules above will result in disciplinary action by the Director of Education which may include additional assignments, working on school beautification projects, being sent home from school, suspension, or even expulsion.

Participant Signature _____ Date _____

I understand that if my child breaks any of the rules stated above, I will be responsible for paying for any damage (in the case of vandalism) and if asked to, will pick up my child from the youth activity immediately. By signing this form, I hereby authorize the use of disciplinary action by the Director of Education and will abide by the rules set forth above.

Parent / Guardian Signature _____ Date _____

PLEASE SIGN THIS BRIT KEHILLAH AND RETURN IT AS PART OF YOUR REGISTRATION. WE ENCOURAGE YOU TO MAKE A COPY OF IT, IN ORDER FOR YOU TO HAVE FOR YOUR RECORDS AT HOME.

The Steinmetz Family School of Chai Field Trip Permission Slip

I, _____ (Parent Name) do hereby give permission for my child,
_____ to go on the field trips, under the supervision of Rabbi Steven Engel, Cantor
Jacki Rawiszer, Director of Education Dr. Sheryl Sacharoff and/or Faculty of The Steinmetz Family
School of Chai. I agree to not hold the faculty or the Congregation of Reform Judaism responsible
for any damages resulting from accidents which may occur during field trips.

I also know that the faculty will arrange for the safe and timely transportation to and from the
locations of such trips. Please sign below, giving permission for my son/daughter to travel to these
off-campus trips.

Student's Name
Emergency Contact Name and Phone #:
Health Insurance Company and Policy Number:
Known Allergies:
Parent Signature:
Date:

Religious School Payment Options

Payment Method – Choose one

Pre-Pay by June 30, 2018

- I will be pre-paying by check OR
- Charge my credit card for the full pre-payment balance.
- I am declining the \$75 early discount and wish for the money to be donated to the Melvin Yarmuth Scholarship Fund.

OR

Payment in ten (10) installments

I would like to make ONE payment of \$100 today with my school registration and NINE equal payments on the 15th of the month (September 15, 2018 to May 15, 2019) via Electronic Funds Transfer or Credit Card

- Electronic Funds Transfer (*attach a voided check*)

Bank Name _____

City, State Zip _____

Routing Number _____

Account Number _____

For those making credit card payments, please provide the necessary card authorization information below.

Visa MasterCard American Express Discover

Card Number:

□□□□ □□□□□□□□ □□□□□□

Exp Date: □□/□□ Zip: □□□□□□

Signature / Date

PRINT NAME

BEST CONTACT PHONE

EMAIL

Financial Assistance

- I would like to discuss tuition assistance. I recognize that to be fair to all congregants, such assistance will be provided on a case by case basis after a review of the circumstances and need. Please send me the forms I need to complete related to this review.