



The Stainmetz Family
Jewish Education Engagement Program
 For Pre-K through 6th Graders
 at the Congregation of Reform Judaism

Please complete one Registration form per student and one Tuition Sheet 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* for *each* child who will be enrolled in JEEP. Please return to Cantor Bryce Megdal, bmegdal@crjorlando.org

Student Information					
Last Name:	First Name	Nickname	Hebrew Name	Date of Birth	Gender
Student's Mailing Address		City/State/Zip		School Grade Entering	
Cell Phone#		E-mail Address		Are you new to CRJ? 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? Days?			Do you want mailings to be sent to both parents? YES NO. If no, which parent to receive?		
Name of Child's Public or Private School:			Special Skills or Talents:		

Parent Information		
Name of Parent 1	Daytime/Emergency Phone #	Cell Phone #
Address	City/State/Zip	Marital Status Single Married Separated Widowed Divorced
Email Address	Profession/Name Business	Jewish Not Jewish
Name of Parent 2	Daytime/Emergency Phone #	Cell Phone #
Address	City/State/Zip	Marital Status Single Married Separated Widowed Divorced
Email Address	Profession/Name Business	Jewish Not Jewish

Special Information:

It is important to meet the individual needs of your child and help to insure a positive learning experience. You can help us accomplish this by sharing information about learning styles, learning differences, or other challenges. This information will be kept confidential by the Rabbi and Cantor and only released to staff with parental permission. If your child has an IEP please attach it to this registration.

Photography & Virtual Classes Recording Release: I hereby grant permission for my child to be photographed or video recorded at JEEP activities and to have their photo used in CRJ marketing materials. I also give permission for my child to be recorded as a participant in a virtual Zoom program.

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 JEEP. 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 Cantor and/or Rabbi, 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 parents 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 - Community Covenant

The Steinmetz Family Jewish Education Engagement Program-JEEP

Please read and discuss this together with your child before signing it.

- **Be on time and ready to learn.** If you arrive late do not disrupt the class. Dispose of gum or candy before walking into the classroom. If you show concern for others, they will show concern for you.
- **Use kind words and kind actions** - The tone and language you use can help create a culture of kindness.
- **Respect others** - Listen to others openly and politely, participate in all activities and follow directions. Be polite and responsive. Conduct yourself with self-control. With these behaviors, you can foster the emotional and physical comfort of others.
- **Be caring and supportive of others** - Offer your help, work cooperatively with others, include those who are left out, be an ally, check in if something seems wrong.
- **Be inclusive and accept others for their similarities and differences** - Everyone belongs in our community. Our diversity is what makes us vibrant and strong. I can learn from others.
- **Be mindful and present** - Refrain from cell phone use. Participate in all activities and programs. Your focus matters.
- **Bring any concerns to teachers/staff** - We are here to help and support you
- **Respect all spaces and property at CRJ** - Clean up after yourself and others and lend a helping hand. If you are there for others, they will be there for you.

Student Signature _____ Date _____

Parents / Guardians Signature _____ Date _____

Please sign and make a copy to keep at home so that you can review it throughout the year.

Tuition

TUTION SHEET

Pre-K - Grade 2 \$749 per student | Grades 3rd - 6th \$849 per student

\$50 Discount applied to all registrations submitted by June 30, 2022

- *Tuition must be paid in full by 5/1/22 Payment arrangements can be made with the CRJ Executive Director Michael Kancher. Your first installment, if not paying in full, is due with registration.*
- *CRJ membership must be in good standing to enroll in JEEP.*

We sincerely appreciate any additional contribution that you could make to the Melvin Yarmuth School Scholarship Fund, given to families in financial need. Thank you for contribution.

\$36 \$72 \$136 OTHER \$ _____

No of Students. _____

Total Tuition _____

Scholarship Fund Donation _____

Total _____

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.

PAYMENT OPTIONS

PAYMENT IN TEN (10) INSTALLMENTS

TEN equal payments on the 1st of the month through May 1, 2022 via bank withdrawal or credit card. Initial payment will charged with registration submission.

PAY IN FULL

Check (# _____) or credit card for the full amount of tuition/scholarship donation

BANK WITHDRAWL (ATTACH VOIDED CHECK)

Bank Name

Account Number

Routing Number

CREDIT CARD

Visa MasterCard American Express Discover

I would like to add the 3% of the total to help offset processing costs of my payment.

Card Number

Exp Date

CSV

Billing Zip