

PORTLAND JEWISH ACADEMY

6651 SW Capitol Highway, Portland, OR 97219 P: 503.244.0126 F: 503.452.7001 www.portlandjewishacademy.org

Infant Toddler Development Program Enrollment Form July 1, 2010 - June 30, 2011

6651 SW Capitol Highway, Portland, OR 97219

503.244.0126, FAX 503.452.7001

Erika Saiers, Director of Early Childhood Education

503.535.3536, esaiers@portlandjewishacademy.org

CHILD'S FULL NAME _____ Birth date _____

Nickname _____ Hebrew Name (optional) _____ Gender _____

Child's Primary Address _____

City _____ State _____ Zip _____ Home Phone _____

Start Date: _____

PARENT/LEGAL GUARDIAN (1) _____

E-mail _____

Address _____ Home Phone _____

Business Phone* _____ Cell Phone _____ Pager _____

(*required by State of Oregon Childcare Division)

PARENT/LEGAL GUARDIAN (2) _____

E-mail _____

Address _____ Home Phone _____

Business Phone* _____ Cell Phone _____ Pager _____

(*required by State of Oregon Childcare Division)

Please indicate where monthly billing statements are to be mailed: VISA/MC/Checking monthly automatic payments may be arranged by contacting Beth Germain at 503.535.3593 or bgermain@portlandjewishacademy.org

Child's Primary Address Parent (1) Parent (2) Other _____

REGISTRATION REQUESTS

Please circle the days you would like your child to attend

Monday Tuesday Wednesday Thursday Friday

A constituent agency of the Jewish Federation of Greater Portland
Accredited by the Pacific Northwest Association of Independent Schools
and the Northwest Association of Accredited Schools

PJA
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NO CHILD MAY ENROLL IN THIS PROGRAM WITHOUT THE FOLLOWING INFORMATION PROVIDED IN IT'S ENTIRETY.

**In an emergency we will attempt to contact parents followed by the emergency contacts
In the order listed below.**

PERSONS AUTHORIZED TO PICK UP MY CHILD IN A NON-EMERGENCY

(this applies to carpooling families, care givers, other parents, etc.)

Name (1) _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name (2) _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACTS

(other than parent/guardian) authorized to pick up your child in an emergency:

Name (1) _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name (2) _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

MEDICAL EMERGENCY CONTACTS

Physician _____ Phone _____

Insurance Provider _____ Group # _____ ID # _____

Dental Provider _____ Phone _____
(if applicable)

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency I hereby authorize Portland Jewish Academy's Preschool 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 for the school year September 2010-June 2011.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

MEDICAL INFORMATION

Please alert us to any allergies or medical conditions.



MY CHILD'S TYPICAL DAILY SCHEDULE

7-8 AM

8-9 AM

9-10 AM

10-11 AM

11-12 PM

12-1 PM

1-2 PM

2-3 PM

3-4 PM

4-5 PM

5-6 PM

EATING PREFERENCES

My child eats/drinks: (check all that apply)

bottles _____ baby food _____ table food _____

My child drinks out of:

bottles _____ cups _____

My child drinks: (check all that apply)

breast milk ___ formula ___ cow's milk ___ soy milk ___ rice milk ___ juices ___ water ___

Favorite foods: _____

SLEEPING HABITS

A typical nap lasts: _____

It helps my child fall asleep if: _____

POTTY AND DIAPERS

Please share with us where your child is with potty training (if applicable) _____

LIKES AND DISLIKES

My child like to play with: _____

My child finds comfort in: _____

My child fears/dislikes: _____

I want my child's teachers to know: _____



PJA Proud

AUTHORIZATIONS

- My child may be photographed for publicity, class projects, website or news purposes (please initial) _____
- My child's artwork may be photographed for publicity, class projects, website or news purposes _____
- Sunscreen may be applied to my child _____
- My child may view age-appropriate videos when they apply to a unit of study _____
- My family name, address, home telephone, cell phone, Email(s) and child's birthdate may be included in the Family Directory _____
- My child may attend field trips away from the premises on foot or in authorized vehicles w/seatbelts or I will provide a carseat when requested _____
- My child may not attend field trips and I will find other arrangements for my child's school day _____
- My child will be attending PJA lower school _____

(All initialed permissions for the above items are authorized for the September 2010-June 2011 School Year)

POLICY ACKNOWLEDGEMENT

I have read and agree to abide by guidelines set forth in the Portland Jewish Academy's Preschool 2010-2011 Parent Handbook regarding policies and procedures.

Parent signature _____ Date _____

Parent signature _____ Date _____

REGISTRATION FEE

A non-refundable fee of \$50 must accompany this form to validate enrollment.

____ I have included a check made out to Portland Jewish Academy for the amount of \$50

____ I would like to have the \$50 registration fee charged to my Visa/Mastercard. All references to the credit card will be destroyed upon completion of enrollment.

Credit card # _____ Expiration date _____

Name as it appears on card _____

My card number will not automatically be used for future tuition payments.

Cancellation or changes in your child's enrollment must be given 30 days in advance in writing to the Director.

TUITION

	<u>6 weeks to 2 yrs. old</u>	<u>2 to 3 yrs. old</u>
Registration Fee	\$50	\$50
Five days per week	\$1,226	\$1,124
Four days per week	\$1,014	\$940
Three days per week	\$820	\$749
Two days per week	\$580	\$536

HOURS 7:30 am - 6:00 pm closed on specific holidays (calendar available)

DROP-IN CARE is \$60 per day if space is available. It is only offered for currently registered children on an as needed basis.

LATE CHARGE of \$1 per minute after 6:00 pm closure to be paid directly to the staff member waiting with your child.

FULL FEES are paid regardless of illness or vacation. Statements are mailed the first week of each month.

BILLING QUESTIONS may be addressed to Beth Germain, CFO, at 503.535.3593 or bgermain@portlandjewishacademy.org

TAX ID 93-0504473

NON-DISCRIMINATION POLICY The Portland Jewish Academy admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion or ethnic origin in administration of its educational policies, admission policies and other school administered programs.

For office use: Enrollment Form _____ Immunization Form _____ Registration Fee _____

Infants 6 wks. - 10 mo. Young Toddlers 10-17 mo. Older Toddlers 18-24 mo. Twos 2-3 yrs.

Notes:

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