

PORTLAND JEWISH ACADEMY

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

Preschool Enrollment Form 2010-2011

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

Early Arrival Care 7:45-8:30 (Available during regular school days at no charge, but registration is strongly encouraged to help us assess staffing needs.)

Monday Tuesday Wednesday Thursday Friday

Preschool 8:30 am-12:30

2's T/TH 3's M/W/F Early 3's M-F Older 3's M-F 4's/5's M-F

Late Lunch 12:30-4:00 (Registration is required. Available to children ages 3-5)

Monday Tuesday Wednesday Thursday Friday

Extended Day 4:00-6:00 (Registration is required. Available to children ages 3-5)

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 Proud

NO CHILD MAY ENROLL IN PRESCHOOL WITHOUT THE FOLLOWING INFORMATION PROVIDED IN ITS 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 check if your child has any health concerns you would like to share with us.

- Asthma
- Behavioral issues
- Diabetes
- Enuresis (bedwetting)
- Frequent upper respiratory infections
- Hearing/speech difficulties (ear tubes, hearing aid, difficulty communicating)
- Learning Disorders: ADHD, ADD, dyslexia, aphasia-dysphasia
- Seizures
- Vision impairment/glasses
- Urinary Tract Infections
- Dental
- Nursemaids Elbow

ALLERGIES TO:

TYPE OF REACTION

Medications _____	_____
Insects _____	_____
Foods _____	_____
Other _____	_____

Past Illnesses: _____

Surgeries: _____

Accidents: _____

Current medications (prescription and/or over-the-counter) : _____

Please provide further Medical/Health information below. All information is confidential. Parents are asked to update their child's health information as needed during the 2010-2011 school year.

Please share with us any other information that you feel would assist teachers in caring for your child.

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 \$200.00 tuition deposit must accompany this form for us to consider your application. The \$200.00 will be applied towards your first month's tuition payment. If your child is new to PJA, an additional \$50.00 processing fee must also accompany this application.

____ I have included a check (made out to Portland Jewish Academy)

____ I would like to have the 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 _____

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

Billing questions may be addressed to Beth Germain, CFO at 503.535.3593 or by email at bgermain@portlandjewishacademy.org

PRESCHOOL TUITION 8:30-12:30

		<u>ANNUAL</u>	<u>MONTHLY</u>
5 DAYS	M-F	6,500.00	650.00
3 DAYS	M,W,F	4,950.00	495.00
2 DAYS	T,TH	3,900.00	390.00

LATE LUNCH TUITION 12:30-4:00 (pre-registration required)

	<u>ANNUAL</u>	<u>MONTHLY</u>
5 DAYS	3,240.00	324.00
4 DAYS	2,870.00	287.00
3 DAYS	2,470.00	247.00
2 DAYS	1,970.00	197.00

EXTENDED DAY TUITION 4:00-6:00 (pre-registration required)

	<u>ANNUAL</u>	<u>MONTHLY</u>
5 DAYS	1,560.00	156.00
4 DAYS	1,380.00	138.00
3 DAYS	1,190.00	119.00
2 DAYS	950.00	95.00

DAILY DROP IN RATE (if space is available)

	<u>DAILY</u>
LATE LUNCH	30.00
LATE LUNCH & LATE DAY	45.00

NONDISCRIMINATION 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.

Thank you for choosing Portland Jewish Academy's Preschool ~ Tax ID—93-0504473



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