



**Portland Jewish Academy  
Infant Toddler Development Program**



**Enrollment Form July 1, 2009– June 30, 2010**

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

Mary Darin, Assistant Director, 503.535.3523, mdarin@portlandjewishacademy.org

Today's Date \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ Birth date \_\_\_\_\_

Nickname \_\_\_\_\_ Hebrew Name (optional) \_\_\_\_\_ Gender \_\_\_\_\_

Child's Primary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent/Legal Guardian (1)** \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Business Phone\* \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

\*required by State of Oregon Childcare Division

**Parent/Legal Guardian (2)** \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ 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

**No child may enroll in PJA's Infant Toddler Program 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 Infant Toddler Program 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 Portland Jewish Academy for the period of July 2009-June 2010.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information**

Please alert us to any allergies or medical conditions.

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

<b>Typical Daily Schedule</b>
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 likes to play with...

\_\_\_\_\_

My child finds comfort in...

\_\_\_\_\_

My child fears/dislikes...

\_\_\_\_\_

I want my child's teachers to know...

## 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/Emails 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 \_\_\_\_\_

(All initialed permissions for the above items are authorized for the September 2008–June 2009 School Year)

## Policy Acknowledgement

I have read and agree to abide by guidelines set forth in the Portland Jewish Academy's 2009-2010 Infant Toddler Program 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)

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

### Tuition

### Room "Y" - 6 weeks–2 years

### Room 121 - 2 years–3 years

Registration Fee	\$50 (second child \$25)	\$50 (second child \$25)
Five days per week	\$1190 per month	\$1091 per month
Four days per week	\$984 per month	\$912 per month
Three days per week	\$796 per month	\$727 per month
Two days per week	\$563 per month	\$520 per month

**Hours** 7:30 AM–6:00 PM closed on specific Holidays (calendar available)

**Drop-In Care** is \$60 per day if space is available—offered to registered children attending two, three, four or five day programs only on an as needed basis.

**Late Charge** of \$1 per minute after 6:00 PM closure to be paid directly to staff member waiting with your child.

**Full fees** are paid regardless of illness or vacation. Statements are mailed the 1st week of each month.

**Billing questions** may be addressed to Beth Germain, Controller at 503.535.3593 or bgermain@portlandjewishacademy.org

**Tax ID**—93-0504473

**Thank you for choosing Portland Jewish Academy's Infant Toddler Development Program.  
We look forward to getting to know you and your child!**

For office use:

Enrollment Form  \_\_\_\_\_ Immunization Form  \_\_\_\_\_ Registration Fee  \_\_\_\_\_

Infants 6 wks–10 months     Young Toddlers 10 –17 months     Older Toddlers 18–24 months

Two's 2 years–3 years    Notes \_\_\_\_\_