Columbia Jewish Community School

5885 Robert Oliver Place, Columbia, MD, 21045 410-730-9355

Registration Application – 2011 - 2012

Please complete and return this form with minimum payment of $80.00 per child (**$120 after May 30 for *returning* students**) to: CJCS, 5885 Robert Oliver Place, Columbia, MD 21045

FAMILY INFORMATION

PARENT 1 - LAST NAME | FIRST NAME | M.I. | HOME PHONE | CELL PHONE | E-MAIL ADDRESS

PARENT 1 - ADDRESS: | CITY | STATE | ZIP CODE | WORK PHONE + EXT | OCCUPATION

PARENT 2 - LAST NAME | FIRST NAME | M.I. | HOME PHONE | CELL PHONE | E-MAIL ADDRESS

PARENT 2 - ADDRESS: | CITY | STATE | ZIP CODE | WORK PHONE + EXT | OCCUPATION

CONGREGATIONAL AFFILIATION: CHECK ONE ☐ CJC ☐ NONE ☐ OTHER: _____

CHILD 1 – INFORMATION:

Check One: ☐ **NEW** Student ☐ **RETURNING** Student

CHILD 1 - LAST NAME | FIRST NAME | M.I. | HEBREW NAME (If known) | DATE OF BIRTH

Child 1 lives with: (Check One): ☐ Parent 1 ☐ Parent 2 ☐ Both Other: _____

Name of Public/Private School Attending: _____

Prior religious education: ☐ NONE ☐ Bet Yeladim ☐ CJCS ☐ OTHER: _____

**SPECIAL MEDICAL AND/OR LEARNING NEEDS: _____

Note: CJCS operates on the premise that its students can function unassisted in a classroom environment. If this is not the case, CJCS will work with parents to create a collaborative plan, but families may be required to help locate and/or pay for such additional, specialized services.

CHILD 1 - ENROLLMENT INFORMATION (see Schedule of classes for additional details)

Primary Grades
- ☐ Pre-Kindergarten*
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade

Intermediate Grades
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade

Teens – Check Option(s) Below: (*details provided in summer.)
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ Sunday AM – SAT/JSL (req. for aides to-be)
- ☐ Sunday AM – Student Aide
- ☐ Independent Study/Project
- ☐ Thursday PM Teen Class

*Pre-K students must be 4 years of age by Sept. 1

For Teens Only: E-mail Address: _____

CHILD 2 – INFORMATION:

Check One: ☐ **NEW** Student ☐ **RETURNING** Student

CHILD 2 - LAST NAME | FIRST NAME | M.I. | HEBREW NAME (If known) | DATE OF BIRTH

Child 2 lives with: (Check One): ☐ Parent 1 ☐ Parent 2 ☐ Both Other: _____

Name of Public/Private School Attending: _____

Prior religious education: ☐ NONE ☐ Bet Yeladim ☐ CJCS ☐ OTHER: _____

**SPECIAL MEDICAL AND/OR LEARNING NEEDS: _____

Note: CJCS operates on the premise that its students can function unassisted in a classroom environment. If this is not the case, CJCS will work with parents to create a collaborative plan, but families may be required to help locate and/or pay for such additional, specialized services.

CHILD 2 - ENROLLMENT INFORMATION (see Schedule of classes for additional details)

Primary Grades
- ☐ Pre-Kindergarten*
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade

Intermediate Grades
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade

Teens – Check Option(s) Below: (*details provided in summer.)
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ Sunday AM – SAT/JSL (req. for aides to-be)
- ☐ Sunday AM – Student Aide
- ☐ Independent Study/Project
- ☐ Thursday PM Teen Class

*Pre-K students must be 4 years of age by Sept. 1

For Teens Only: E-mail Address: _____

CHILD 3 – INFORMATION:

Check One: ☐ **NEW** Student ☐ **RETURNING** Student

_____	_____	____	_____	_____
CHILD 3 - LAST NAME	FIRST NAME	M.I.	HEBREW NAME (If known)	DATE OF BIRTH

Child 3 lives with: (Check One): ☐ Parent 1 ☐ Parent 2 ☐ Both Other: _____

Name of Public/Private School Attending: _____

Prior religious education: ☐ NONE ☐ Bet Yeladim ☐ CJCS ☐ OTHER: _____

**SPECIAL MEDICAL AND/OR LEARNING NEEDS: _____

Note: CJCS operates on the premise that its students can function unassisted in a classroom environment. If this is not the case, CJCS will work with parents to create a collaborative plan, but families may be required to help locate and/or pay for such additional, specialized services.

CHILD 3 - ENROLLMENT INFORMATION (see Schedule of classes for additional details)

Primary Grades	Intermediate Grades	Teens – Check Option(s) Below: (*details provided in summer.)	
☐ Pre-Kindergarten*	☐ 4th Grade	☐ 8th Grade	☐ Sunday AM – SAT/JSL (req. for aides to-be)
☐ Kindergarten	☐ 5th Grade	☐ 9th Grade	☐ Sunday AM – Student Aide
☐ 1st Grade	☐ 6th Grade	☐ 10th Grade	☐ Independent Study/Project
☐ 2nd Grade	☐ 7th Grade	☐ 11th Grade	☐ Thursday PM Teen Class
☐ 3rd Grade		☐ 12th Grade	

*Pre-K students must be 4 years of age by Sept. 1

For Teens Only: E-mail Address: _____

CALCULATION OF FEES AND DISCOUNTS

	Registration Fee	Tuition Fee	Books & Materials	Totals
	$80 for new students/returning til 5/30 $120 for returning students after 5/30	Consult Registration booklet for Tuition	$40 for Pre-K thru 7th grade $20 for 8th thru 12th grades	
CHILD 1	$_____	$_____	$_____	Child 1 = $_____
CHILD 2	$_____	$_____	$_____	Child 2 = $_____
CHILD 3	$_____	$_____	$_____	Child 3 = $_____

TOTALS $_____

Miscellaneous Discounts/Fees/Financial Aid Requests (Check all that apply)

☐ Discount for payment in full by August 31 = $25 ***per child*** -$_____

☐ Large Bill Discount – if your total Tuition Fees (*tuition only*) are greater than $1,600, you are entitled to a $100 discount -$_____

☐ Extended Payment fee – If you wish to extend your payments over a 10 month period (Option C below), there is an additional fee of $30 +$_____

☐ Special Needs fee(s): **TBD** CJCS operates on the premise that its students can function unassisted in a classroom environment. If this is not the case, CJCS will work with parents to create a collaborative plan, but families may be required to help locate and/or pay for such additional, specialized services.

☐ Check here if you wish to request a financial assistance application.

Total obligation after adjustments: $_____

PAYMENT SCHEDULE

I wish to register my child(ren) in the Columbia Jewish Community School for the 2011-2012 school year. I enclose a non-refundable registration fee of $80.00 per child ($120 after May 30, 2011, for returning students). I agree to pay the total obligation of tuition and fees as indicated below unless CJCS approves other arrangements in writing.

PAYMENT SCHEDULE: I would like to pay my tuition in the following manner: CHECK ONE:

☐ **OPTION A** - Payment in full by Aug. 31, 2011. (This entitles you to a discount of $25/child.)

☐ **OPTION B** - 3 payments: 1/3 of total by August 15, October 15, and December 15, 2011

☐ **OPTION C** - 10 Monthly Payments - 1/10 of total due August 15, 2011 and subsequent payments on the 15th of each month through May 15, 2012. (An additional fee of $30 total is charged for this option.)

PARENT SIGNATURE: _____

CONSENT for Use of Photographs: CJC/S occasionally photographs its students engaged in school activities. Unless you withhold your permission by indicating below, you consent to CJC/S using photographs of you child or children for proper CJC/S purposes, including the CJC/CJCS website. CJC/S will NOT publish your child's name or other identifying information. If you choose to withhold permission, CJC/S will notify you when new photos are taken and will direct you to a secure website where you will have 10 days to preview them before they are used publicly. ____ I do NOT grant permission.