

Columbia Jewish Community School

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

Registration Application – 2019 - 2020

Please complete and return this form with minimum payment of \$80.00 per child (\$130 after May 31 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
 Name of Public/Private School Attending: _____ Other: _____

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 | Intermediate Grades | Teens – Check Option(s) Below: |
| <input type="checkbox"/> Pre-Kindergarten* | <input type="checkbox"/> 4th Grade | <input type="checkbox"/> 8th Grade <input type="checkbox"/> Sunday AM – Student Aide |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 5th Grade | <input type="checkbox"/> 9th Grade <input type="checkbox"/> Thursday PM Teen Class |
| <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 6th Grade | <input type="checkbox"/> 10th Grade <input type="checkbox"/> Independent Study/Project |
| <input type="checkbox"/> 2nd Grade | <input type="checkbox"/> 7th Grade | <input type="checkbox"/> 11th Grade |
| <input type="checkbox"/> 3rd Grade | | <input type="checkbox"/> 12th Grade |

*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 1 - LAST NAME FIRST NAME M.I. HEBREW NAME (If known) DATE OF BIRTH **Child 2 lives with:** (Check One):
 Parent 1 Parent 2 Both
 Name of Public/Private School Attending: _____ Other: _____

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 | Intermediate Grades | Teens – Check Option(s) Below: |
| <input type="checkbox"/> Pre-Kindergarten* | <input type="checkbox"/> 4th Grade | <input type="checkbox"/> 8th Grade <input type="checkbox"/> Sunday AM – Student Aide |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 5th Grade | <input type="checkbox"/> 9th Grade <input type="checkbox"/> Thursday PM Teen Class |
| <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 6th Grade | <input type="checkbox"/> 10th Grade <input type="checkbox"/> Independent Study/Project |
| <input type="checkbox"/> 2nd Grade | <input type="checkbox"/> 7th Grade | <input type="checkbox"/> 11th Grade |
| <input type="checkbox"/> 3rd Grade | | <input type="checkbox"/> 12th Grade |

*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 1 - LAST NAME _____ FIRST NAME _____ M.I. _____ HEBREW NAME (If known) _____ DATE OF BIRTH _____
 Name of Public/Private School Attending: _____

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

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**

- Pre-Kindergarten*
 Kindergarten
 1st Grade
 2nd Grade
 3rd Grade

Intermediate Grades

- 4th Grade
 5th Grade
 6th Grade
 7th Grade

Teens – Check Option(s) Below:

- 8th Grade Sunday AM – Student Aide
 9th Grade Thursday PM Teen Class
 10th Grade Independent Study/Project
 11th 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**

\$80 for new/returning students/until 5/31
 \$130 for returning students after 5/31

Tuition Fee

See Registration
 booklet for Tuition

Books & Materials

\$45 for Pre-K thru 7th grade
 \$25 for 8th thru 12th grades

Totals

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 15 = \$25 *per child* -\$ _____
- Large Bill Discount – if your total Tuition Fees (*tuition only*) are greater than \$1,800, you are entitled to a \$150 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 2019-2020 school year. I enclose a non-refundable registration fee of \$80.00 per child (\$130 after May 31, 2019, 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. 15, 2019. (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, 2019
- OPTION C** - 10 Monthly Payments - 1/10 of total due August 15, 2019 and subsequent payments on the 15th of each month through May 15, 2020. (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 hereby 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, however, publish your child's name or other identifying information in any public location. 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 and reject any before they are used publicly. _____ I do NOT grant permission.