

REGISTRATION *Infant Toddler Development Program*

Portland Jewish Academy Enrollment Form July 1, 2018 - June 30, 2019

INFORMATION

Child's First Name _____ Last Name _____ Birth date _____

Nickname _____ Hebrew Name (optional) _____ Gender _____

Child's Primary Address _____

City _____ State _____ Zip _____ Home Phone _____

Start date (if other than the first day of the new school year) _____

FAMILY/GUARDIAN #1

Name _____

Address (if different than above) _____

Home Phone _____ Cell Phone _____ Work Phone* _____

*required by the State of Oregon Childcare Division

E-mail _____

FAMILY/GUARDIAN #2

Name _____

Address (if different than above) _____

Home Phone _____ Cell Phone _____ Work Phone* _____

*required by the State of Oregon Childcare Division

E-mail _____

Please indicate where monthly billing statements are to be mailed:

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

VISA/MC/Checking monthly automatic payments may be arranged by contacting Beth Germain at 503.535.3593 or bgermain@pjaproud.org

REGISTRATION REQUESTS

Please circle the days you would like your child to attend.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

No child may enroll in this program without the following information provided in its entirety.

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

Persons authorized to pick up my child in a non-emergency (other than parents) - optional.

(This applies to carpooling families, care givers, grandparents, other PJA families, etc)

Name (1) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (2) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (3) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

EMERGENCY CONTACTS -- Required -- To be contacted in the event parents are unreachable.

Name (1) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (2) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name (3) _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

MEDICAL EMERGENCY CONTACTS

Physician _____ Phone _____

Insurance Provider _____ Group # _____ ID# _____

Dental Provider (if applicable) _____ Phone _____

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. 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 school year of July 2018 - June 2019.

Family/Guardian Signature _____ Date _____

Family/Guardian Signature _____ Date _____

MEDICAL INFORMATION

Please alert us to any known allergies or medical conditions: _____

MY CHILD'S TYPICAL DAILY SCHEDULE

7:00 - 8:00 am _____

8:00 - 9:00 am _____

9:00 - 10:00 am _____

10:00 - 11:00 am _____

11:00 - 12:00 pm _____

12:00 - 1:00 pm _____

1:00 - 2:00 pm _____

2:00 - 3:00 pm _____

3:00 - 4:00 pm _____

4:00 - 5:00 pm _____

5:00 - 6:00 pm _____

EATING PREFERENCES

My child eats/drinks: (circle all that apply) Bottles Baby food Table food

My child drinks out of: (circle all that apply) Bottles Sippy cups Regular cups

My child drinks: (circle 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 (All initialed permissions are authorized for the July 2018-June 2019 school year)

- My child may be photographed for publicity, website or news purposes (please initial) Yes ___ No ___
- My child's photo may be posted on Facebook for publicity or news purposes (please initial) Yes ___ No ___
- My child may be photographed for class and school newsletters or class projects (please initial) Yes ___ No ___
- Sunscreen may be applied to my child (please initial) Yes ___ No ___
- My child may view age-appropriate videos when they apply to a unit of study (please initial) Yes ___ No ___
- My child may attend field trips away from campus on foot or in authorized vehicles (please initial) Yes ___ No ___
- My child may not attend field trips and I will find other arrangements for my child's school day (please initial) Yes ___ No ___
- Please initial next to the information that we may publish in our Family Directory
 - Family Name
 - Address
 - Home telephone
 - Cell phone
 - E-mail(s)
 - Child's Birth Date

POLICY ACKNOWLEDGEMENT

I have read and agree to abide by guidelines set forth in the Portland Jewish Academy's 2018-2019 Infant Toddler Development 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 for the amount of \$50.
- I would like to have the \$50 fee charged to my Visa/Mastercard. My card number will not automatically be used for future tuition payments.

Credit card # _____ Expiration date _____ 3-digit code: _____

Name as it appears on the card _____

TUITION	Infant Toddler classes	Twos classes
Registration Fee	\$50	\$50
Five days per week	\$1,680	\$1,560
Four days per week	\$1,386	\$1,305
Three days per week	\$1,120	\$1,045
Two days per week	\$795	\$745

GENERAL INFORMATION

HOURS: 7:30 am to 6:00 pm. Closed on specific holidays (calendar available).

DROP-IN CARE is \$70 per day if space is available. Drop-in care 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 holidays, closures, illness or vacation.

Statements are mailed the first week of each month.

WITHDRAWAL or changes to enrollment must be given 30 days in advance in writing to the Director.

BILLING QUESTIONS may be addressed to Beth Germain at 503.535.3593 or bgermain@pjaproud.org

TAX ID Number is 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. PJA does not discriminate on the basis or race, color, religion, sexual orientation or ethnic origin in administration of its educational policies, admission policies and other school administered programs.

Would you like up to \$2,000 towards your child's Jewish preschool tuition?

For those who qualify, Right Start will provide funding to help you ensure your child has the right start on developing a life rooted in Jewish values and traditions.

To be eligible your child must be:

- Enrolled in a participating Jewish infant care, toddler care or preschool for the first time (Portland Jewish Academy qualifies)
- Enrolled in a class where the child attends independently and meets at least two days per week for either a half or full day.
- A member of a family where at least one parent identifies as Jewish.
- Applications must be completed online by October 15 of the year that your child is attending.

For more information and to apply:
www.jewishportland.org/rightstart

