

Columbia Jewish Community School

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

Registration Application – 2018 - 2019

Please complete and return this form with minimum payment of \$80.00 per child (\$130 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
Name of Public/Private School Attending: _____
Child 1 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 1 - 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 Thursday PM Teen Class
 2nd Grade 7th Grade 11th Grade Independent Study/Project
 3rd Grade 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
Name of Public/Private School Attending: _____
Child 2 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 2 - 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 Thursday PM Teen Class
 2nd Grade 7th Grade 11th Grade Independent Study/Project
 3rd Grade 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** _____ **Child 3 lives with: (Check One):**
 Name of Public/Private School Attending: _____ 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	Intermediate Grades	Teens – Check Option(s) Below: (*details provided in summer.)	
<input type="checkbox"/> Pre-Kindergarten*	<input type="checkbox"/> 4th Grade	<input type="checkbox"/> 8th Grade	<input type="checkbox"/> Sunday AM – SAT/JSL (req. for aides to-be)
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 5th Grade	<input type="checkbox"/> 9th Grade	<input type="checkbox"/> Sunday AM – Student Aide
<input type="checkbox"/> 1st Grade	<input type="checkbox"/> 6th Grade	<input type="checkbox"/> 10th Grade	<input type="checkbox"/> Thursday PM Teen Class
<input type="checkbox"/> 2nd Grade	<input type="checkbox"/> 7th Grade	<input type="checkbox"/> 11th Grade	<input type="checkbox"/> Independent Study/Project
<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: _____

CALCULATION OF FEES AND DISCOUNTS

	Registration Fee	Tuition Fee	Books & Materials	Totals
	\$80 for new/returning students/until 5/30 \$130 for returning students after 5/30	Consult Registration booklet for Tuition	\$45 for Pre-K thru 7 th grade \$25 for 8 th thru 12 th 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 15 = \$25 **per child** -\$ _____
- Large Bill Discount – if your total Tuition Fees (*tuition only*) are greater than \$1,750,
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 2018-2019 school year. I enclose a non-refundable registration fee of \$80.00 per child (\$130 after May 30, 2018, 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, 2018. (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, 2018
- OPTION C** - 10 Monthly Payments - 1/10 of total due August 15, 2018 and subsequent payments on the 15th of each month through May 15, 2019. (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. 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.