



Nancy H. and David B. Posner Judaic Education Magnet @ Har Sinai Congregation
Application for the 2017-2018 Program

Student Last Name:		First Name:		Nickname:		Hebrew Name:			
Gender Identity: M F	Date of Birth: / /		Public/Private School Fall 17:	Entering Grade:	Religious School Grade (only if different):				
HSC Member? Y N	Student Cell:		Student Email:		If your child attended religious school prior to HSC, where?				
T-Shirt Size: Youth ___ S ___ M ___ L or Adult ___ S ___ M ___ L ___ XL									
<input type="checkbox"/> Receive Email? Parent1 Full Name:				<input type="checkbox"/> Receive Email? Parent2 Full Name:					
Address				Address					
City			State	Zip	City			State	Zip
Home #	Work #		Cell #		Home #	Work #		Cell #	
E-mail Address				E-mail Address					
Parent's Occupation				Parent's Occupation					
I can help by: <input type="checkbox"/> Assisting with special short-term projects <input type="checkbox"/> Serving as classroom outreach ambassador; Grades _____ <input type="checkbox"/> Serving on a committee; _____ <input type="checkbox"/> Serving as a substitute teacher; Grades _____				I can help by: <input type="checkbox"/> Assisting with special short-term projects <input type="checkbox"/> Serving as classroom outreach ambassador; Grades _____ <input type="checkbox"/> Serving on a committee; _____ <input type="checkbox"/> Serving as a substitute teacher; Grades _____					
Parent or Parents presently: single married partnered separated divorced									
If separated/divorced, student lives primarily with: both parents Parent 1 Parent 2 Should both receive mailings? Y N									

CONFIDENTIAL INFORMATION

My child has special learning needs (i.e. gifted, learning challenges, IEP [please attach a copy], behavioral concerns, speech, vision or hearing challenges):

Please note his/her medical needs, i.e. daily medications, allergies (please list all), chronic or other health concerns:

My child requests to be placed with (efforts will be made to accommodate requests, taking into consideration grade level, skill level and behavior):

Please be aware of the major changes in my child's life situation (such as birth or death in family, moving, divorce)? Does your child visit a parent on a regular basis which will affect attendance?

The following people are authorized to pick up my child from JEM Programming:

Name: _____ Phone #: _____ Cell #: _____

Name: _____ Phone #: _____ Cell #: _____

(OVER)

Registration Fees

Grade	HCS Member Fee*	Community Fee**
Kindergarten – Grade 2	\$680.00	\$1254.00
Grades 3 - 5	\$735.00	\$1400.00
Grade 6***	\$840.00	\$1550.00
Grade 7****	\$870.00	\$1575.00
JEM Parents' Association	\$18.00 per family	\$25.00 per family

Payment Options

Choose Payment Option:

- Full payment
- Half at registration and the balance due by January 31, 2018.

Tuition is payable in full or you may choose to pay half at registration and the balance by January 31, 2018. A discount of 5% is offered for registrations paid in full at registration.

Any outstanding tuition balance due to temple must be brought current before enrollment for 2017-2018 will be processed.

Questions about JEM financial policies should be directed to the Temple Administrator.

Payment Information

- MasterCard
- Visa
- Discover

Card #: _____

Expiration Date: _____

Total Amount Authorized: _____

Name on Card: _____

Signature: _____

- Check # _____
- Cash

Refund Policy: Once school begins, refunds are given only to those families who relocate from Baltimore. When the Temple Administrator receives written notification, postmarked no later than December 15, half the tuition paid will be refunded. No refunds will be issued after December 16.

All grade level tuition includes membership in youth activities programs.

* There is a 5% discount for enrollment fees for siblings of enrolled students.

**For those who chose not to become full members of Har Sinai Congregation.

*** Includes Operation Mitzvah Mission

****Includes Pearlstone Hebrew School on the Farm Sessions

THIS AREA FOR OFFICE USE ONLY

Family Name _____ Tuition _____

_____ PIF Disc.5% _____

New: Y N _____ Sibling Disc. 5% _____

JEM Admin Initials _____ JEM PA Dues _____

_____ Total Due _____

HSC TA Initials _____

Notes: _____

_____ Date Rec'd _____

_____ Phone # _____ Cell # _____ Check #/CC _____

Relationship to Student: _____ Amt. Rec'd _____

I hereby give my consent to the Director of Congregational Learning and Programming, or person designated by same, to make available to my child professional emergency medical care if such care is necessary. It is understood that a conscientious effort will be made to notify me or my spouse before such action is taken. In the event this is not possible, I give my permission for my child to receive proper medical care by any doctor, nurse, paramedic or hospital medical staff.

My child has my permission to participate in all activities that are part of the Judaic Education Magnet program for which he/she is registered, including field trips.

Insurance Co: _____ Authorization Phone # _____

Member ID # _____ Group ID# _____

Physician's Name: _____ Phone # _____

Parent's Signature: _____ Date: _____

Emergency Contact Person other than self or spouse: _____

Phone # _____ Cell # _____

Relationship to Student: _____

Expectations of Our Families

Please read and sign:

Students will attend and participate fully in the program, unless other arrangements have been made with the Director of Congregational Learning and Programming. Students will arrive on time and remain on the premises and in the program until its conclusion. If a student needs to leave early, the student will wait in the classroom until a parent arrives at the JEM office to sign them out. Guests are welcome with advance approval from the Director of Congregational Learning and Programming. Consent from the visitor's parent or guardian must be obtained in advance as well.

Inappropriate behavior, as determined by any teacher or administrative staff member, will not be tolerated. Families will pay for any damage their student causes. Inappropriate behavior could result in a student's suspension or expulsion from the program. Students are representatives of themselves, their families, JEM and Har Sinai Congregation.

We understand that, from time to time, additional rules may be implemented, and we agree to abide by such additions. We have read and discussed these expectations and their consequences as a family. We understand that these expectations are designed to promote the health and safety of all students and to protect the building and properties where programs are conducted.

_____ I give permission / _____ do not give permission for my child's photograph/video image to be used in community and Congregational promotional materials.

_____ Parent Signature _____ Date _____

_____ Student Signature _____ Date _____