



The Jewish Family Center of Northern Montgomery County

Post Office Box 798 Olney, Maryland 20832

Phone: 301-260-0210 Fax: 301-260-2040

info@betterfamily.org www.betterfamily.org

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Grade

Fee Received

Date

JEWEL (*JE*Wish Education for Life) REGISTRATION FORM 2005-2006

Student's Name:

Last

First

Middle

Hebrew

Address:

Street Address

City

Zip Code

Home Phone:

Grade (as of 9/05):

Public School Attending

Mother's Name:

Hebrew Name:

Address:

Street Address

City

Zip Code

Home Phone:

Work Phone:

Mobile Phone:

Father's Name:

Hebrew Name:

Address:

Street Address

City

Zip Code

Home Phone:

Work Phone:

Mobile Phone:

Mother's E-Mail Address:

Father's E-Mail Address

Emergency Information

Name

Phone Number

Relationship

Emergency Action Authorization:

Physician's Name

Phone Number

Dentist's Name

Phone Number

I hereby authorize the supervising person present to grant approval to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary. I hereby release the congregation and all the people associated with this program from any liability whether joint or several for injury and/or damages arising out of/ or as a result of any child's participation in this program.

Signatures of Parent(s) or Guardian(s):

Date: _____

Date: _____

Please let us know who referred you _____



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JEWEL (*JE*Wish Education for Life) FAMILY INFORMATION FORM

Child's Name: _____ Grade: _____

In order to best serve your child and family, as well as end to their legal responsibilities, please complete this form in full, if applicable. Fill in every blank and return this form with your registration forms. **All information is treated with confidentiality.**

1. Name(s) of Child(ren) and age(s): _____

2. Mother's Name and Address: _____

3. Father's Name and Address: _____

4. Are the Parents Married Separated Divorced

5. Does one parent have custody? _____ If yes, which one? _____

6. Who is/are the legal guardian(s): _____

7. Is a parent NOT permitted to pick up the child(ren) from school? _____

8. If other than parent, name a person(s) with whom the child(ren) live(s) _____

9. Other information that may be helpful regarding your child(ren) and the family situation: (Please use the back of this sheet if you need more room) _____

Signatures of Parent(s) or Guardian(s):

Date: _____

Date: _____



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JEWEL (*JE*Wish Education for Life) STUDENT HEALTH INFORMATION

This form will be kept in a confidential file in the office of the Education Director and shared with your child's teacher if necessary.

Child's Name: _____ Grade: _____

Please complete the information below to the best of your ability with any items that are relevant for us to know about your child:

	YES	NO	DON'T KNOW
General health (i.e., fatigue, low energy, frequent illness)			
Specific physical conditions/illness past or present (i.e., cerebral palsy, epilepsy, asthma, diabetes)			
Allergies (i.e., insect stings, food, drugs, pollen)			
Vision / eye (i.e., contact lenses, glasses, uncorrectable condition)			
Hearing / ear (i.e., frequent infections, draining ear, hearing loss)			
Speech (i.e., delay, stammer, hard to understand)			
Hyperactivity or Attention Deficit Disorder			
Special diet needed			
Identified as gifted and talented			
Major changes or disruptions in your child's life			
Behavior/personal relationships (check all that apply): <input type="checkbox"/> Very active <input type="checkbox"/> Needs to be the center of attention <input type="checkbox"/> Loner <input type="checkbox"/> Easily upset <input type="checkbox"/> Shy <input type="checkbox"/> Has difficulty making friends <input type="checkbox"/> Other			
Learning problems (check all that apply): <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Comprehension <input type="checkbox"/> Organization <input type="checkbox"/> Speech / Language <input type="checkbox"/> Attention <input type="checkbox"/> Memory <input type="checkbox"/> Other			
I / We would like an appointment with the Education Director to further discuss this information			

If you have answered "YES" to any of the above, please explain in detail
in an attached letter or on the back of this form.



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**JEWEL (JEWish Education for Life)
 REGISTRATION FORM 2005-2006**

Payment Method JEWEL 2005-2006

Names: Parent 1: _____
 Parent 2: _____

Children attending Hebrew School:

Child 1: _____ Grade: _____ Tuition: _____
 Child 2: _____ Grade: _____ Tuition: _____
 Child 3: _____ Grade: _____ Tuition: _____
 Child 4: _____ Grade: _____ Tuition: _____

Total: _____

*Sibling Discount (Deduct 10%): _____

*Applies to families with more than one child enrolled in JEWEL. 10% discount per family not per child

Total Tuition: _____

Total Enclosed: _____

Balance Due : _____

Note: The non-refundable \$75 registration fee, the \$50 activity fee and a minimum deposit of \$100 per child is required at time of registration.

Please make all checks out to JEWEL. Please send forms and payments the school office:

JEWEL
 P.O. Box 798
 Olney, Md. 20832

Financial Aid: Financial aid is available for those in need. Call the office, (301) 260-1378, for a Scholarship Application.



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JEWEL Tuition Schedule 2005-2006

Full Tuition Fees received before Aug. 1, 2005:

Grade	Tuition Fee	Registration Fee
Kindergarten-2 nd Grade	\$350 + \$50 (Book and Activity Fees)	\$75
3 rd -7 th Grade	\$550 +\$50 (Book and Activity Fees)	\$75
Bar/Bat Mitzvah Fees*	\$250	

* This fee is only for the year of the child's Bar/Bat Mitzvah and is used to cover extra preparation and tutoring time.

Full Tuition Fees received after Aug. 1, 2005:

Grade	Tuition Fee	Registration Fee
Kindergarten-2 nd Grade	\$400 + \$50 (Book and Activity Fees)	\$75
3 rd -7 th Grade	\$600 +\$50 (Book and Activity Fees)	\$75
Bar/Bar Mitzvah Fees*	\$250	

* This fee is only for the year of the child's Bar/Bat Mitzvah and is used to cover extra preparation and tutoring time.

Total Tuition: _____
Total Activity Fees: _____
Total registration Fees: _____

Balance: _____

Registration Policies and Deadlines.

1. All registration fees are non-refundable.
2. We must receive a \$75 Registration Fee, \$50 activity fee and \$100 Tuition deposit per child with completed form. The forms should be mailed to JEWEL P.O. Box 798. Olney, Md. 20832
3. It is preferable to make payment in full by the time classes begin. If you need to work out a payment plan for the year, call the office.