



Jewish Journey Project at SAJ

THE SOCIETY FOR THE ADVANCEMENT OF JUDAISM
15 West 86th Street, New York, NY 10024 Phone: (212) 724-7172

gisaacs@thesaj.org
Gidon B. Isaacs, Education Director

www.thesaj.org
Rabbi Michael Strassfeld
Cantor Lisa Arbisser

2012-2013 APPLICATION FOR ADMISSION

Please fill out this application and return it to our office with a deposit of \$200 in order to reserve a space for your child. All information on this form is confidential and is for record keeping and ritual purposes only. Please fill out a separate application for each student to facilitate record keeping. Information that repeats for each child need only be filled out on the first application.

STUDENT INFORMATION

Student's Name _____
(Last) (First) (Hebrew)

Address _____
(Street #) (Apt. #) (City, State) (Zip)

Student's birthday _____ Student's age (as of Sept. 1st) _____

Phone (home) _____

Parent's name: _____ (c) _____ (w)

Parent's name: _____ (c) _____ (w)

Circle the program the student will be in:

- Grades K -1
- Grades 2 -3
- Grades 4 -5
- Grade 6
- Grade 7
- Sat or Tues
- Sat or Tues
- JJP Courses + Makom Sat or Tues
- JJP Courses + Saturday Makom
- JJP Courses + 1 Sunday/mo. + private tutorial

PREVIOUS JEWISH EDUCATION

Schools: _____ Dates attended _____

Camp: _____ Dates attended _____

Other program: _____ Dates attended _____

SECULAR EDUCATION

Present Secular School: _____ Grade (as of Sept. 1st) _____

Extra-Curricular Activities: _____

FAMILY INFORMATION

SIBLINGS

(Name) (Birthdate)

(Name) (Birthdate)

PARENTS/GUARDIANS

We have provided space for information about 2 parents/guardians. If you need more space, please attach a separate sheet of paper.

Parent's Name _____ Business/Profession _____

Employer's Name _____ Own business _____ Employed _____

Employer's Address _____

Employer's Phone number (_____) _____

E-mail Address _____ Fax Number (_____) _____

Home address (if different from student's) _____

Phone number (if different from student's) (_____) _____

Parent's Name _____ Business/Profession _____

Employer's Name _____ Own business _____ Employed _____

Employer's Address _____

Employer's Phone number (_____) _____

E-mail Address _____ Fax Number (_____) _____

Home address (if different from student's) _____

Phone number (if different from student's) (_____) _____

If parents are divorced/separated, child lives with:

both parents mother father other: _____

STUDENT BACKGROUND

The information below will help us get a better sense of your child and his/her family's background. This will give us a feel for the whole child in order to better serve each student's needs.

Please tell us briefly about your child's learning style. You may wish to include your child's strengths, weaknesses, interests (e.g., extracurricular activities, musical instruments, hobbies) and any special needs. This information will help us provide a successful and enjoyable Hebrew School experience for your child.

Does your child have food allergies we should be aware of? yes no

If yes, please elaborate: _____

Does your child have any health or medical issues we should be aware of? yes no

If yes, please elaborate: _____

Is at least one parent Jewish (born or converted)? yes no

Is the student adopted? yes no If yes, was s/he converted? yes no

Is there anything special about your child or your family's heritage or anything else you feel that we should know about the family?

Please list any other Jewish communal affiliations you may have (e.g., JCC, synagogue, service organizations):

What are the special interests, hobbies, abilities or areas of expertise that your family members can share with the school? (for example, do a presentation, help make costumes/props, chaperone on field trips, play piano, help with PR, etc.)

At the SAJ and JJP, we highly value family involvement and engagement. There is an expectation of volunteerism on the part of the parents. Please let us know which of these programs/events we can count on you for help. (We realize specific dates might alter your availability)

- | | |
|--|---|
| <input type="checkbox"/> Hanukah Party | <input type="checkbox"/> Family Service Shabbat Greeter |
| <input type="checkbox"/> Purim Carnival | <input type="checkbox"/> I am interested in being involved in parent leadership |
| <input type="checkbox"/> Sukkot Family Service | |

BILLING INFORMATION

Please indicate billing preference: down payment + two installments (Sept. & Feb.)
 down payment + four installments (Sept., Nov., Jan., & March)
If you need to make other payment arrangements, please contact our office.

Please address all bills to: _____



SAJ

15 West 86th Street, New York, NY 10024
(212) 724-7172 www.

Please attach a recent
phot of your child so
that we can identify
him/her to
public officials

Emergency Medical Consent

I hereby authorize the SAJ to obtain medical care for my child/ren _____

(name/s)

in a medical emergency. I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. I agree to assume financial responsibility for all bills incurred in any emergency requiring medical attention.

Signature of parent/guardian: _____ Date: _____

Mother's phone number(s): Office: _____ Home: _____

Father's phone number(s): Office: _____ Home: _____

Friend or relative to be contacted in case of emergency:

Name: _____ Phone: _____

Student's Doctor: _____ Phone: _____

Doctor's Address: _____ Hospital affiliation: _____

Insurance Company: _____ Policy Holder: _____

Policy Number: _____ Group Number: _____

Other medical information to be aware of (use the back if necessary):

Excursion Consent

I hereby give permission to my child/ren, _____
(name/s)

to attend trips out of school. I understand that I will be notified of scheduled trips that involve transportation (other than neighborhood walking trips). I agree to indemnify and save harmless the SAJ from any and all liability arising out of an accident as a result of a school excursion. I agree to assume financial responsibility for all bills incurred in any emergency requiring medical attention.

Signature of parent/guardian: _____ Date: _____

Photo Release

Photographs and Quotations of Students: It is the practice of the school to use photographs, video images and quotations of students involved in school activities in its publications, in its website and in other selected media for the purpose of promoting the school and its programs. The parent(s) or guardian hereby give(s) permission to use such photographic and quoted material in its publications or other selected media.

Signature of parent/guardian: _____ Date: _____

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Permission to Walk Home Alone

If you are planning on having your child walk home alone from the SAJ, you must fill out the following permission slip:

I _____, give my child _____
(please print) (please print)

permission to go home from the SAJ unaccompanied by an adult.

Signed _____

Date _____

Student Code of Behavior

We strive to foster an atmosphere of respect, learning, engagement and safety in our school and among our students. To that end, appropriate behavior that is conducive to learning is expected from each student. Parents are encouraged to speak with Gidon regarding any issues or problems the child may be experiencing in his or her day-to-day life that may have an impact on the child's ability to participate in school. We are eager to work jointly with families to ensure that every child is an engaged and contributing student. Please note that children may not bring:

Food or beverages: No food or beverages are permitted in class. Special time is designated for the consumption of snack.

Cell phones: The use of cell phones is prohibited during class/course hours.

Digital Media: Students may not use IPODs, DSs or other personal game and music devices during class/course hours

✂ -----

Code of Behavior

Please have you child read, sign below and return to his/her teacher or Gidon Isaacs

As an SAJ student:

I will respect other students' right to learn and will not disrupt classroom activities.

I will arrive promptly.

I will be responsible for my own behavior.

I am respectful of the SAJ, and its facilities as well as the property of others.

Signed: _____
Student's signature

SAJ TUITION CONTRACT FOR 2012-2013

Please sign and return with a check of \$200 per child to the SAJ office: 15 West 86th Street, NY, NY 10024

<u>Grade as of Sept 1, 2012</u>	<u>Member's Tuition</u>	<u>Non-Member's tuition</u>
Grade K and 1	\$ 825	\$ 1,200
Grade 2 and 3	\$ 925	\$ 1,300
Grades 4-6	\$1,575	\$ 2,625

Synagogue membership is mandatory after the first year of your child's enrollment in the Jewish Journey Program. Special introductory synagogue membership rate is \$ 1,400 for the first year with your application, and \$1,800 the following year.

If you are applying for synagogue membership this year, make sure to include your synagogue membership application and a \$200 deposit towards synagogue membership dues as well. We cannot give members' tuition to families who have not sent in a membership application and deposit.

_____ in the _____ @ \$ _____
student's name student's grade tuition

_____ in the _____ @ \$ _____
student's name student's grade tuition

Synagogue Membership dues: \$ _____
*Dues are billed on the calendar year (Jan - Dec, 2013)
 and will be billed in December, 2012*

Family Education Program Fee: \$ 200.00

Total \$ _____

Please indicate your preferred tuition payment plan:

- \$200 deposit (due now) + two installments (September & December)
- \$200 deposit (due now) + four installments (Sept, Nov, January, & March)
- \$200 deposit (due now) + full payment (December)

Tuition is due *IN FULL* by the end of May 2013

Signature

Print Name

Date

FINANCIAL AID APPLICANTS:

If you wish to apply for Financial Aid for the upcoming Academic Year, please fill out the attached Financial Aid application and return it to our office by July 30.

All Financial Aid applications must have a copy of last year's Tax Return (1040 form) attached. Applications without tax returns cannot be processed.

All Financial Aid applicants must be members of the SAJ in order to be considered for Financial Aid. If you are not yet an SAJ member, please fill out a membership application and send it in with your Financial Aid Application. Financial Aid recipients will receive reductions in both school tuition and synagogue dues.

Former Financial Aid recipients must re-apply each year. We cannot award Financial Aid to families that do not fill out applications.

Questions? Call Donna Lindemann, our Synagogue Administrator, at 724-7000.



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Application for Financial Aid
(filing deadline: July 30)

Child's Name: _____ Child's age _____

Secular School: _____ Parents are: Married Separated Divorced

Mother's name: _____ Mother's Occupation: _____

Father's name: _____ Father's Occupation: _____

Child lives with: _____

Address: _____ Phone (day): _____

Phone (evening): _____

Family Income

I. Please attach a copy of your 1040 tax return from last year to this form.

II. Please list all assets and give approximate current valuation (property, stocks, bonds, co-operative apartment, summer home, etc.)

ASSET	VALUATION	ASSET	VALUATION

III. Please list the amounts you spend on the following (calculate on a yearly basis):

ITEM	AMOUNT	ITEM	AMOUNT
Food		Child Care/Domestic Services	
Clothing		Travel/Vacations	
Education		Camps	
Rent/Maintenance		Classes (music, dance, etc.)	
Medical/Psychiatric		Charitable Contributions	
Entertainment		Other (specify)	
Alimony/Child Support		TOTAL EXPENSES:	

IV. Do you have a scholarship from another institution? Yes / No

Name of Institution: _____ Amount: \$ _____

V. Amount of Financial Aid requested: \$ _____

(We would greatly appreciate your considering your situation and replying to this question with a dollar amount rather than writing 'full' or 'as much as possible'. Thank you.)

VI. Is there any other information the school should know?

I hereby certify that the above information is correct to the best of our knowledge. All of the above information will be kept strictly confidential.

Parent's Signature: _____ Date: _____

***Please return to the SAJ office by July 30.
Remember to attach last year's tax return!***

Mail to: SAJ Financial Aid Committee, 15 West 86th Street, NY NY 10024

**Questions? Call or e-mail Donna Lindemann, our Synagogue Administrator
(212) 724-7000 dlindemann@thesaj.org**