

GJC Religious School 5780 (2019-2020) Enrollment Form

Student Name: _____

Hebrew Name: _____

Date of Birth: _____

Secular School and Grade in Sept. 2019: _____ GJC Religious School Grade (September 2019): _____

Does your child attend Jewish summer camp? ☐ YES ☐ NO Which Camp? _____

Would you like to receive more information about Jewish summer camp? ☐ YES ☐ NO

Student Name: _____

Hebrew Name: _____

Date of Birth: _____

Secular School and Grade in Sept. 2019: _____ GJC Religious School Grade (September 2019): _____

Does your child attend Jewish summer camp? ☐ YES ☐ NO Which Camp? _____

Would you like to receive more information about Jewish summer camp? ☐ YES ☐ NO

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell: _____ Work: _____

E-mail: _____ for school related news

Parent/Guardian: _____

Address (If different from above): _____

City: _____ Zip: _____

Home Phone: _____

Cell: _____ Work: _____

E-mail: _____ for school related news

Please enroll my child(ren) _____ for 5780, the 2019-2020 Religious School year.

Kindergarten-1st Grade
2nd-6th Grade
6th Grade BBMM
7th Grade
8th-9th Grade
10th Grade (Confirmation)

Sundays 9:30am – 12:30pm
Sundays 9:30am – 12:30pm & Wednesdays 4:00pm-6:00pm
Additional Shabbat and Family Sessions as scheduled
Sundays 9:30am-12:30pm & Tuesday evenings 7:00pm-9:00pm
Tuesday evenings 7:00pm-9:00pm
Tuesday evenings 7:00pm-9:00pm

תודה ~ Thank You!

GJC Religious School
5780 (2019-2020) Health & Emergency Contact Form

You may fill out one form per family

Student(s) Last Name: _____

In case of an emergency, parents/ legal guardians will be contacted first. If they are not reachable, please provide contact information for two additional adults who may also be contacted.

Please write your *preferred* contact number during Religious School hours.

Parent/guardian Name(s): _____

Parent 1 (Sun): _____

Parent 2 (Sun): _____

Parent 1 (Wed/Tues): _____

Parent 2 (Wed/Tues): _____

Other contacts, if parents cannot be reached:

Name 1: _____ Relationship: _____

Contact #: (Sun): _____ Contact # (Wed/Tues): _____

Name 2: _____ Relationship: _____

Contact #: (Sun): _____ Contact # (Wed/Tues): _____

Special Needs & Additional Accommodations:

GJC's religious school is proud of our diverse community of learners, and do all we can to accommodate students with a variety of learning styles, needs and abilities. Please use the space below to share any information that you think will help us to plan our class and school activities for your child. Also, please feel free to call me, in confidence, at 215.844.1507 x 24 if you wish to discuss this at further length!

CONTINUED ON REVERSE SIDE

Allergies, Medications and Immunizations

Allergies:

Please list, for EACH child, any food, environmental, chemical, or animal allergies:

__ My child _____ has a serious allergy for which s/he requires an EpiPen and/or an emergency inhaler to be in the school office or classroom at all times.

Medications:

Please list, for EACH child, any medications regularly taken – especially those that may need to be administered during RS hours:

__ My child _____ carries and may self-administer the following inhaler and/or medication during religious school hours:

Immunizations:

Students attending GJC Religious School are required to be up to date on all immunizations as recommended by the [CDC's vaccination schedule](#). **Please submit a copy of your child(ren)'s vaccination records to the Religious School office** along with your registration. All records will be reviewed, and the Religious School office will follow up with any questions or concerns.

Family Physician/ Practice: _____ **Tel:** _____

GJC Religious School
5780 (2019-2020) Legal Release Form

You may fill out one form per family

Student(s) Name: _____

Parent/Guardian Names: _____

TRANSPORTATION CONSENT

For SUNDAYS

____ My child/children will arrive and leave GJC with a parent or guardian **only**

____ My child/children will arrive and leave GJC (at least sometimes) accompanied by other adults (listed below):

For WEDNESDAYS

____ My child/children will arrive and leave GJC with a parent or guardian **only**

____ My child/children will arrive and leave GJC (at least sometimes) accompanied by other adults (listed below):

____ My child(ren) _____ has permission to arrive and leave GJC unaccompanied by an adult*

Please sign here line if this is your option: _____

*PLEASE REMEMBER: During Winter, it is dark by dismissal time on Wednesdays (6pm)

Parent Signature

Date

CONTINUED ON REVERSE SIDE

PHOTO PERMISSION

I hereby give Germantown Jewish Centre Religious School permission to include photographs and/or video of my child/children for publicity/ educational purposes:

On GJC Bulletin Boards	YES: ____	NO: ____
In GJC Publications	YES: ____	NO: ____
In GJC's Web Presence	YES: ____	NO: ____

(no names will ever be used!)

Parent Signature

Date

OTC/Over the Counter MEDICINE CONSENT

If appropriate, Germantown Jewish Centre Religious School has my permission to dispense acetaminophen (Tylenol), topical hydrocortisone or other OTC anti-itch treatment or topical anti-biotic ointment or gel and band-aids to my child / children.

Parent Signature

Date

EMERGENCY TREATMENT CONSENT

In the event your child becomes seriously ill during a school function, a reasonable effort will be made to (1) contact a parent or guardian, or in their absence, (2) contact the alternate listed, (3) contact the family physician or dentist listed, and (4) take or dispatch child to the nearest hospital emergency room.

I hereby release Germantown Jewish Centre and its employees from any liability in case of an accident incurred during school hours. I understand that in case of illness, my child is covered by medical insurance, subject to the terms and conditions of my insurance plan. In case of emergency, I hereby give permission to the school to secure proper treatment for my child.

Parent Signature

Date



Germantown Jewish Centre

Religious School Tuition Worksheet for the 2019-2020 School Year

Form due **August 1, 2019**

Parents' Full Names _____ Address _____

Names and grades of children enrolled at the school		Tuition/Fee
(1)		\$
(2)		\$
(3)		\$
BBMM (6 th grade)	\$550.00	\$
Religious School + BBMM tuition	Sub-Total	\$
Additional Fees – TO BE PAID IN FULL WITH INITIAL PAYMENT*		
*Installment Plan not available for fees		
Wednesday Early Drop-off <i>per child</i>	\$160.00	\$
Ten Li Bis (Tuesday night dinner) for 7 th -10 th graders	\$240.00	\$
	Grand Total:	\$

2019-20 Tuition Schedule

Student Grade	Tuition Rate
Kindergarten-1 st Grade	\$1050
2 nd -6 th Grade	\$1645
6 th Grade B'nei Mitzvah/ BBMM fee	+ \$550
7 th Grade	\$1645
8 th -9 th Grade	\$ 950
10 th Grade	\$ 950

() I am submitting a Tuition Assistance/ Scholarship Form Completed forms due **no later than 8/1/19!**

Please select a payment option below

() **PAY IN FULL BY 8/1/19**

Check -- receive a 3% discount on tuition ACH -- receive a 3% discount on tuition

Total tuition less 3% equals = \$ _____

Credit card – credit card fee (4%) waived

Total tuition = \$ _____

() **SIX EQUAL MONTHLY INSTALLMENTS** NOTE: Installment options require Credit Card information

Check/ACH - payments due 15th of each month from September through February

Total tuition for the year \$ _____ ÷ 6 payments = \$ _____ per payment.

Credit Card* - credit card fee (4%) will be applied to each payment

Total tuition for the year \$ _____ ÷ 6 payments = \$ _____ per payment.

Credit card will be charged if payment is not received within 25 days of statement date.

ACH & credit card payments will be processed on or near the 15th of each month September - February

Credit Card: (VISA or MC only) Card Number: _____
CCV: _____ Expiration date: _____

ACH: Bank Name _____ Routing Number _____
Account Number _____ Checking or Savings? _____

Signature _____

Date _____

Tuition Assistance Form
For 2019-2020 School Year
All Information on this Form will be kept **Confidential**
Due by August 1, 2019

Student Name _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

Previous address if less than one year at above residence _____

Previous synagogue affiliation (if applicable): _____

For your household: Children's names, ages and current school attendance (other than GJC Religious School):

Please place an "X" to indicate your household income bracket. *(Please remember to include sources of taxable interest, non-taxable interest, dividends, pensions, gross rentals, capital gains, child support, social security, alimony, unemployment compensation and self-employment earnings.)*

☐ Under \$20,000 ☐ \$21,000 - \$40,000 ☐ \$41,000 - \$60,000 ☐ \$61,000 - \$80,000 ☐ Over \$81,000

Describe your special circumstances below. Use additional space on the back of this page if needed.

Please also indicate what you are able to pay for Religious School tuition.

I am able to pay: _____

All information is confidential.

Please sign below to indicate you have read the information above and have provided accurate answers to the best of your knowledge.

Signature: _____

Date: _____

Please Return this Form to:
Ben Rotenberg
Germantown Jewish Centre Religious School
400 W. Ellet Street, Philadelphia, PA 19119
FAX: 215-844-8309
EMAIL: rabbieducator@germantownjewishcentre.org