



# SAJ Hebrew School

## THE SOCIETY FOR THE ADVANCEMENT OF JUDAISM

15 West 86<sup>th</sup> Street, New York, NY 10024 Phone: (212) 724-7172

[Education.saj@verizon.net](mailto:Education.saj@verizon.net)

[www.thesaj.org](http://www.thesaj.org)

Gidon B. Isaacs, Education Director

Rabbi Michael Strassfeld

Cantor Lisa Arbisser

### 2010-2011

## 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:

- Kitah Alef (5- 6 years, grades k -1)  Sun or  Tues
- Kitah Bet (7- 8 years, grades 2 -3)  Sun or  Tues
- Kitah Gimmel (9- 10 years, grades 4 -5)  Sun/Wed or  Tues/Thurs
- Kitah Dalet (11 years, grade 6) Sunday/Wednesday
- Bogrim (Bar/Bat Mitzvah, grade 7) Sunday/Wednesday
- Teen Lounge (post Bar/Bat Mitzvah, grades 8 and up) meets one Sunday a month

### 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.

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

If yes, please elaborate: \_\_\_\_\_

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

If yes, please elaborate: \_\_\_\_\_

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

Is the student adopted or 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?

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

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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.)

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At the SAJ Hebrew School, 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., Dec., March., & May)  
*If you need to make other payment arrangements, please contact our office.*

Please address all bills to: \_\_\_\_\_



# SAJ HEBREW SCHOOL

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 Hebrew School 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 Hebrew School 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 Hebrew School, you must fill out the following permission slip:

I \_\_\_\_\_, give my child \_\_\_\_\_  
(please print) (please print)

permission to go home from Hebrew School 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 during Hebrew School is prohibited.

Digital Media: Students may not use IPODs, DSs or other personal game and music devices during school.

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### **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, the Hebrew School and its facilities as well as the property of others.

Signed: \_\_\_\_\_  
*Student's signature*

**SAJ HEBREW SCHOOL TUITION CONTRACT FOR 2010-2011**

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

**SAJ Hebrew School Classes and Tuition**

	<u>Members</u>	<u>Non-Members</u>		<u>Members</u>
<b>Kitah Alef</b> <i>ages 5-6, grades K-1 1 day/week</i>	<b>\$ 815</b>	<b>\$ 1,050</b>	<b>Bogrim</b> <i>Bar/Bat Mitzvah Year age 12, grade 7 2 days/week + private tutorial</i>	<b>\$2,575</b>
<b>Kitah Bet</b> <i>ages 7-8, grades 2-3 1 day/week</i>	<b>\$ 925</b>	<b>\$ 1,150</b>	<b>SAJ Teen Lounge</b> <i>(no Family Education fee) meets once a month</i>	<b>\$ 250</b>
<b>Kitah Gimmel &amp; Kitah Dalet</b> <i>ages 9-11, grades 4-6 2 days/week</i>	<b>\$1,575</b>	<b>\$ 2,625</b>		

**Synagogue membership is mandatory after the first year of child's enrollment in the Hebrew School.** Special introductory synagogue membership rate is \$1,000 for first year with your Hebrew School application. This special rate increases by \$300 each year until dues reach full family membership rate (currently \$1,650/year).

If you are applying for synagogue membership this year, make sure to include your synagogue membership application and a \$200 deposit toward 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 Hebrew School Class (Kitah) tuition*

\_\_\_\_\_ in the \_\_\_\_\_ @ \$ \_\_\_\_\_  
*student's name Hebrew School Class (Kitah) tuition*

\_\_\_\_\_ in the \_\_\_\_\_ @ \$ \_\_\_\_\_  
*student's name Hebrew School Class (Kitah) tuition*

Plus a mandatory additional fee of \$150 per family for family education programs: \$ 150.00

Total Tuition:

\$ \_\_\_\_\_

Please indicate your preferred tuition payment plan:

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

**Tuition is due *IN FULL* by the end of April 2011**

\_\_\_\_\_ 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 August 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: August 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		<b>TOTAL EXPENSES:</b>	

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

Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

V. Amount of Financial Aid requested: \$ \_\_\_\_\_

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 Hebrew School office by August 30.  
Remember to attach last year's tax return!***

***Mail to: SAJ Financial Aid Committee, 15 West 86<sup>th</sup> Street, NY NY 10024***

**Questions? Call Donna Lindemann, our Synagogue Administrator: (212) 724-7000**