



SAJ Hebrew School

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

New Families:
Please attach a recent
picture of your child.

School Year 2009-2010

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)

Please check the program the student will be in:

Kitah Aleph 5-6 yrs. Grades K-1	Kitah Bet 7-8 yrs. Grades 2-3	Kitah Gimmel 9-10 yrs. Grades 4-5	Kitah Dalet 11 yrs. Grade 6	Bogrim Bar/Bat Mitzvah grade 7
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Sun or Tues | Sun or Tues | Sun/ Wed or Tues/Thurs | Sun/Wed | Sun/Wed

PREVIOUS JEWISH EDUCATION

Schools: _____ Dates attended _____

Camp: _____ Dates attended _____

Other program: _____ Dates attended _____

SECULAR EDUCATION

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

School day ends at: _____ 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 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?

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 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"/> 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

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

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: _____

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):

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: _____



SAJ Hebrew School

THE SOCIETY FOR THE ADVANCEMENT OF JUDAISM

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

Gidon B. Isaacs, Education Director

Rabbi Michael Strassfeld
Cantor Elizabeth Stevens

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 _____

SAJ HEBREW SCHOOL TUITION CONTRACT FOR 2009-2010

Please sign and return to the SAJ office with a check of \$200 per child:

15 West 86th Street, New York, NY 10024 Phone: (212) 724-7172 Education.saj@verizon.net www.thesaj.org

SAJ Hebrew School Programs and Prices

	Members	Non-Members		Members	Non-Members
Kitah Aleph <i>ages 5-6, grades K-1</i> <i>1 day/week</i>	\$ 775	\$ 995	Bogrim <i>Bar/Bat Mitzvah Year</i> <i>age 12, grade 7</i> <i>2 days/week + private tutorial</i>	\$2,450	Synagogue membership is mandatory during the Bar/Bat Mitzvah year.
Kitah Bet <i>ages 7-8, grades 2-3</i> <i>1 day/week</i>	\$ 885	\$1,100	SAJ Teen Lounge <i>(no Family Education fee)</i> <i>meets once a month</i>	\$ 250	
Kitah Gimmel <i>ages 9-11, grades 4-6</i> <i>2 days/week</i>	\$1,500	\$2,500			

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 Rates increases by \$300 each year until they reach regular Family Membership Rates (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 fees as well. We cannot give members' tuition to families who have not sent in a membership application and deposit.

Check here if you have enclosed your membership application and membership deposit

_____ in the _____ @ \$ _____
student's name student's program/s tuition

_____ in the _____ @ \$ _____
student's name student's program/s tuition

_____ in the _____ @ \$ _____
student's name student's program/s 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 (July & December)
- \$200 deposit (due now) + four installments (July, October, January, & March)
- \$200 deposit (due now) + full payment (December)

Tuition is due *IN FULL* by the end of April 2010

_____ _____
signature print name

_____ address: street #, apt. #, city, zip code

_____ _____
daytime phone evening phone

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 15th**.

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.



brew School

THE SOCIETY FOR THE ADVANCEMENT OF JUDAISM

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

(filing deadline: July 15th)

Child's Name: _____
Child's age _____

Secular

Gidon B. Isaacs, _____
Education Director
Rabbi Michael
Strassfeld
Cantor Lisa Arbisser
Application for
Financial Aid

School: _____ Parents are: Married
 Separated Divorced

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

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

Child lives with: _____

Address: _____ Phone (day): _____

Phon (evening): _____

Family History: (Please attach a copy of your 1040 tax return from last year to this form.)

I. List all sources and amounts of money received by all members of your household during the last calendar year. Has there been any significant change during this year?

SOURCE	AMOUNT	SOURCE	AMOUNT
Salaries		Gifts/Subsidies	
Child Support		Loans	
Alimony		Social Security Benefits	
Interest/Dividends		Insurance Policy Benefits	
Grants/Fellowships		Other (Please Specify)	
Scholarships		TOTAL INCOME:	

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

ASSET	VALUATION	ASSET	VALUATION

(over)

III. Total income taxes paid by your household during the current calendar year. _____

IV. 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:	

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

Name of Institution: _____ Amount: \$ _____

VI. Yearly Cash Available: (Subtract the amounts in on lines III & IV from the amount in I) \$ _____

VII. Monthly Cash Available: (Divide the amount on line V by 12) \$ _____

VIII. Amount of Financial Aid requested: \$ _____

IX. 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 July 15th.
Remember to attach last year's tax return!***

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

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