



Acknowledgement of Packet & Checklist

This Registration Packet is required to be completed and submitted at your scheduled registration appointment.

I have received and read all of the information contained in this packet and in the Student Handbook. I have completed and returned all of the following forms:

- Photo Release
- Parental Authorization for Field Trips
- Emergency Contact
- Emergency Transportation and Treatment
- Arrival & Dismissal of Students from School
- Communication Preferences
- Tuition & Fee Payment Agreement
- Student Comprehensive Information Sheet for EACH student (separate document online)
- Child's Health Forms (Immunization and Physical)

Parent Signature: _____ Date: _____

Photography Release

I give my permission for (list all students) _____ to be photographed and/or videotaped while participating in events/activities hosted by Esformes Hebrew Academy.

These photographs will only be used for purpose of documentation, creative projects, or publicizing the Esformes Hebrew Academy. Photos and videos may be used on our website.

Parent Signature: _____ Date: _____



Parental Authorization for Field Trips

Dear Parents,

This letter will grant your permission for your child to attend the field trips throughout the 2017-2018 school year. You will be notified of any specific times that students will be off campus.

Also, please be aware that if there is a field trip that you do not wish your child to attend, you must notify us ahead of time so other arrangements may be made. If you have any questions or would like to volunteer to assist with any trips, please contact any teacher.

Thank you for your cooperation.

*I will allow my child/children to attend school field trips for the 2017-2018 school year.
I understand the transportation will be arranged by the Esformes Hebrew Academy.*

Parent Signature

Date

Childs name: _____

Childs name: _____

Childs name: _____

Childs name: _____

Childs name: _____

Childs name: _____

Childs name: _____

Childs name: _____



Emergency Medical & Contact Form

If we cannot reach you (the child's parents) in the case of an emergency, please list who we should attempt to contact.

Emergency Contacts:

1. _____
Name /Relationship to You Phone Number

2. _____
Name /Relationship to You Phone Number

3. _____
Name /Relationship to You Phone Number

Name and phone number of physician

Current medications (please indicate which child)

List any known allergies (please note which child)

Initials: _____ I give permission for school staff to administer over-the-counter medication to my child; such as children's Tylenol, Benadryl, etc. as needed

Parent Signature

Date



Emergency Transportation & Treatment Authorization

Permission to Transport and Secure Treatment:

In the event I cannot be reached to make arrangements for emergency medical or dental care for my child, I grant permission for my child(ren) to be taken to the nearest hospital or medical/dental facility for treatment for any accident or illness that the School feels needs immediate medical attention.

I accept liability for all expenses incurred.

_____ Date _____
(Signature of parent/guardian)



Arrival & Dismissal of Students from School

Arrival

For the safety of your students, please indicate how your children will usually arrive to school. Students are to arrive between **7:55 am to 8:10 am**.

Will your child walk or ride their bike alone to school? Yes _____ No _____

Dismissal

Children will only be released to their parents or someone previously designated by the parents with authority for pick-up. If someone other than the parents is picking up and is not on the designated list, please let us know by leaving a message on our dismissal line, extension 316. If this is a permanent change, please email dismissalchanges@esformeshebrewacademy.org. **Parents are expected to be in the carpool line by 4:00pm Monday-Friday and 2:00pm on Friday. All dismissal changes must be placed on the Dismissal Change voicemail system for EHA by 3:20pm Monday-Thursday and 1:20pm on Friday. (Follow instructions on automated message)**

My child is allowed to walk/bike home alone. Yes _____ No _____

*Each minute you are late will be documented. Chronically tardy parents **will be charged \$10.00 for the first five (5) minutes and then \$2.00 for each consecutive minute.**

Non-Parent Pick Up

If people *other than the child's parents* have permission to pick up your child, please complete the form below. In the event of an emergency school closure or other event, your children may be allowed to go with any of the listed people. If for some reason you will not be home, your child will be kept at the home of this designated person.

The School must be *notified by 3:15 p.m.* when you have made arrangements to have your child picked up by someone other than the parents.

Person who has permission to pick up your child:

Name:

Phone:

Address:

Person who has permission to pick up your child:

Name:

Phone:

Address:

Person who has permission to pick up your child:

Name:

Phone:

Address:

Person who has permission to pick up your child:

Name:

Phone:

Address

I have read and understand the arrival policy, late dismissal fee, and non-parent pick up policies.

Parent/Guardian's Signature: _____ Date: _____



Communication Preference Form

Please check one:

- I would like to receive paper **and** digital mailings. Please send school information to the following e-mail address(es)

Primary Email: _____@_____

Secondary Email: _____@_____

- I would not like to be (or am not able to be) contacted via e-mail.

Please note that the Esformes Hebrew Academy PTO Facebook page (<https://www.facebook.com/groups/116539221741666/>) and our website (www.esformeshebrewacademy.org) are updated with information and useful forms frequently.



Tuition & Fee Payment Agreement

Tuition

Tuition for your child(ren) is \$795.00/per child and is for 10 months preschool-8th grade. Tuition for your child(ren) is \$1100.00/per child for high school . Tuition will be due on the first (1st) of each month regardless of holidays, sick days, or shortened month and may be paid as follows. Please choose from one of the following:

_____ Single Payment for all 10 months (total of \$7950.00 PS-8th/total \$11,000 High School)

_____ 10 Monthly Post-Dated Checks (**dated for the 1st of each month**) **PLUS**, we will need a Credit Card Number (**no debit cards**) on file for any payment not made by the 1st of the month (either by check or cash) or any check returned because of insufficient funds.

_____ Credit Card Payment to be deducted on the 1st of the month

_____ Credit Card Number

_____ Expiration Date Mo/Yr

_____ Cardholder's name

For parents who wish to pay cash in lieu of using a check or credit card, **the cash has to be in office no later than 2:00 pm on the first of the month when tuition is due. If the 1st falls on a weekend, cash has to be in the office on the Monday immediately following. A 3% surcharge will be added to all credit card payments. NO cash will be accepted after 2 pm on the first of the month. **NO exceptions will be made.***

**Any check returned NSF or Credit Card payment declined will be charged an additional \$35.00 fee.*

**Any check not paid by the 1st of the month will be charged a \$25.00 late fee.*

Fees

The Book and Supply Fee allows the school to provide curriculum materials (textbooks, workbooks, etc) and supplies to the students. You will receive a supply list that you are responsible for, and the rest of the supplies will be provided by the school.

The Book and Supply Fee will be \$150 per student in Preschool, and \$300 per student in Kindergarten through Eighth Grade. Ninth grade fees are \$400.00 for each.

The Building Fund Fee will be \$200.00 per family for PS-Ninth grade. This fee is due at time of registration.

A Snack Fee of \$50.00 per child for preschool students only will be applied to the annual tuition. This fee will be used to provide nutritional snacks for the school year for their student(s) in preschool/PreK.

_____ Parent Signature

_____ Date

_____ Parent Signature

_____ Date

****Reminder:** An **ADMITTANCE PASS** will be issued when all past due payments, checks and credit card number has been received and all forms have been signed and returned. No child will be allowed into class on the first day of school without an Admittance Pass.