

THE COLUMBIA JEWISH DAY SCHOOL

Registration Form

Student information:

10/11

Student's last name	First	Middle	Nickname
---------------------	-------	--------	----------

Student's Hebrew name (if known)	Student's Hebrew birthday (if known)
----------------------------------	--------------------------------------

Student's birthday	Time of day born (to calculate Hebrew birthday)
--------------------	---

Address	City	Zip
---------	------	-----

Family information:

Parent Name _____ Parent Name _____

Work Place _____ Work Place _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Preferred Email _____

Are parents divorced or separated _____ If so, person with legal custody _____

Emergency contact information:

Name	Relationship	Day phone	Cell phone
------	--------------	-----------	------------

Name	Relationship	Day phone	Cell phone
------	--------------	-----------	------------

Authorization for emergency medical care:

In the event that I cannot be contacted to make arrangements for emergency medical care for my child, I authorize a staff member of Columbia Jewish Day School to take him/her to the doctor or hospital I have listed below:

Doctor name	Office phone number	Address
-------------	---------------------	---------

Please check only one of the following hospitals that you want your child taken to in an emergency.

Richland Memorial Baptist Hospital other_____

Does your child have a chronic illness_____ Please explain_____

Does your child receive medication on a regular basis_____ Please explain_____

Please inform the school if there is anything that may affect safe care or medical treatment for your child.

Please sign and date_____

Tuition: (Check one) Please indicate which class your child is attending:_____

Preschool 5 Days 9:00 – 1:00 Preschool 5 Days 9:00 – 2:45 Preschool 5 Days 9:00 – 5:45
\$5575.00 \$7375.00 \$8775.00

Kindergarten 8:15 – 2:45 Kindergarten 8:15 – 5:45
\$5675.00 \$7775.00

1st – 5th Grade
 Elementary 8:15 – 2:45 Elementary 8:15 – 5:45
\$5975.00 \$7775.00

Pre-care services are available starting at 7:30 am; please see Rabbi Meir.
Please remember the school closes at 5:00 on Fridays.

Aftercare: (\$6.00 /hr)

There will be no grace periods.

After closing, families will be charged \$1.00/minute.

Closing is 5:45 pm Monday – Thursday and 5:00 pm on Friday.

