



**Warren and Ellen Davis
Judaic School of the Arts**
STUDENT APPLICATION



Basic Information			
Student's Name: Last: _____ First: _____		Hebrew Name: _____	Sex: M / F
Birth Date: _____ Time of Day: _____: _____ AM PM	Grade Entering: _____	School Name: _____	
Home Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Father's Name: _____		Hebrew Name: _____	
Name & Address of Employment: _____			
City: _____	State: _____	Zip: _____	Father's Cell: _____
Mother's Name: _____		Hebrew Name: _____	
Name & Address of Employment: _____			
City: _____	State: _____	Zip: _____	Mother's Cell: _____
Is child's Mother Jewish? Yes No		Is child's Father Jewish? Yes No	
Are there any adoptions in the family? Yes No	Are there any conversions in the family? Yes No	If you answered yes to either one please specify: _____	
Father's Email: _____		Mother's Email: _____	
*Email must be filled out to be sure you are updated with school information.			
Which email would you like us to contact? Mother Father Both			
About Your Child			
Does your child read basic Hebrew? Yes No			
Previous religious school education: _____			
Does your child have any learning difficulties with general studies? Yes No Explain: _____			
Any behavioral information we should be aware of? _____			
Any special abilities, habits, etc. which you want us to be aware of: _____			
Emergency Information			
1) Contact: _____		Phone: _____	
2) Contact: _____		Phone: _____	
Pediatrician: _____		Phone: _____	
Allergic reactions to medications: _____			
Medication child is taking on a regular basis: _____			
Any special medical circumstances or allergies: _____			

Additional child

Basic Information		
Student's Name: Last: _____ First: _____	Hebrew Name: _____	Sex: M / F
Birth Date: _____ Time of Day: _____: _____ AM PM	Grade Entering: _____	School Name: _____

About Your Child
Does your child read basic Hebrew? Yes No
Previous religious school education:
Does your child have any learning difficulties with general studies? Yes No Explain:
Any behavioral information we should be aware of?
Any special abilities, habits, etc. which you want us to be aware of:
Emergency Information
1) Contact: _____ Phone: _____
2) Contact: _____ Phone: _____
Pediatrician: _____ Phone: _____
Allergic reactions to medications:
Medication child is taking on a regular basis:
Any special medical circumstances or allergies:

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General

The following people are authorized to take my child(ren) to and from school: (please write N/A if it does not apply)

1) Name:	Phone:
2) Name:	Phone:

I authorize JSA to take my child on school trips. (you will be notified prior to any trips)
 I authorize JSA to take pictures/video of my child and use them for publicity purposes (i.e., Brochures, Websites).
 In the event I cannot be reached, I hereby grant permission to the staff of JSA to treat and/or provide a physician or hospital to give emergency treatment to my child.

**** I have read & agree to all the above.**
 Parent Signature: _____ Date: _____

How did you hear about our Judaic School of the Arts? _____

Dates & Rates:

Judaic School- Grades 1-7 Sunday 10:00am -12:00 pm. Sept 15, 2019- May 17, 2020
 Tuition: \$700 including book fee.

Discount Options:

- First time family – \$75 Discount
- Sibling Discount – \$100 Discount off second child
- Early bird Special 15% discount
- Request scholarship.

Payment Options: (check one)

Registration forms should be submitted with full payment or payment plan in place.

- Option 1: Full payment of tuition or negotiated amount with this registration form
- Option 2: Provide postdated checks covering the balance. (last check must be dated before December 15, 2019)
- Option 3: Payment by Credit Card: Full Monthly (Thru December, 2019)

Credit card number _____ exp: _____ CVV Code _____

Credit card authorization signature: _____

Parent's signature: _____ Date: _____

I would like to donate to the Judaic School of the Arts Scholarship Fund in the amount of
 \$100 \$72 \$36 **Other:** _____

FOR OFFICE USE ONLY:

Signature of acceptance: _____ Date: _____