



The Jewish Family Institute M.O.T.T. Club 2010



APPLICATION FOR ENROLMENT

Please print clearly when filling out the following form.

Student Information

Family name: _____ First name: _____

Hebrew name _____

Date of birth: Day _____ Month _____ Year _____

Current School & grade: _____

Past Hebrew School experience: _____

Is there anything else we should know about your son/daughter? _____

Parent/Family Information

Mother's full name: _____

Father's full name: _____

If separated or divorced, name of parent who has legal custody: _____

Home address: _____

City: _____ Postal Code: _____

Email address: _____

(Please note: any notifications will be sent via email, including schedule changes)

Phone numbers:

➤ Home: _____

➤ Mother's business: _____ Mother's cell: _____

➤ Father's business: _____ Father's cell: _____

Secondary contact if parents cannot be reached:

Name: _____ Relationship to the child: _____

Phone number: _____

TUITION AND DEPOSIT INFORMATION

Please initial one of the following tuition options:

- 1. ____ I am enclosing \$180 tuition for the 2010 MOTT Club calendar year that will be paid prior to January 15, 2010.
- 2. ____ I am enclosing a deposit for \$25 to hold a space for my child. I understand that tuition paid after January 15 2010 will be \$215 to which my deposit will be applied.
- 3. ____ I have already spoken to Rabbi Yaakov Meyer about arrangements for financial assistance and am enclosing my deposit of \$25 to secure a spot for my child. Please complete the section below to outline the payment arrangements agreed upon. I understand that the director will contact me if the arrangements outlined differ from what he understood them to be.

a. For (3.) only:

____ I will be making payments of _____ amount monthly.

____ I will make a payment of _____ on or before _____ with the balance to be paid on _____.

____ Rabbi Meyer has agreed to the following arrangement:

If you would like to pay in full by credit card please fill in the following or call the office with your credit card information, 303-220-7200.

Credit Card #: _____

Exp. Date: _____ **Name as it appears on the credit card:** _____

FOR OFFICE USE ONLY		
Date Application Received: _____	Amount Paid \$ _____	Date of Payment _____
Total amount due: _____	Payment Type _____	Balance Due \$ _____
Notes:		

CONDITIONS OF ENROLMENT:

1. **This form must be filled out in full and signed. A \$25 deposit is required at with each application unless the application includes a payment for full tuition.**
2. Space in the program is limited. Applications are on a first come first serve basis.
3. Every step is taken to ensure the safety and health of each student. In the event of sickness or accident, The Jewish Family Institute cannot accept the liability.
4. In the event of an emergency and/or special medical treatment, parents will be notified immediately. If the parent or secondary contact cannot be reached, permission is hereby given to The Jewish Family Institute to take whatever steps necessary to ensure the safety and health of each student.
5. I agree to allow my child to participate in all activities unless I advise The Jewish Family Institute otherwise in writing.
6. I have read, understood, and agree to the above conditions of enrolment and confirm the truth and accuracy of all information provided in this application form

Parent's signature

Date

IMAGE AND INTERVIEW RELEASE

I hereby grant the Mott Club permission to use my child's likeness in a photograph or quotation in any and all of its publications, including website entries without payment or any other consideration.

Signature: _____ Date: _____

Parent Handbook Acknowledgment

I have read, understood and agree to the changes made in the parent handbook for the 2010 academic year. I acknowledge the policies that include: the behavior code, and cell phone rule.

Parent's Signature

Date

MOTT CLUB PROGRAM

BASIC MEDICAL INFORMATION

Doctor's name: _____

Doctor's phone number: _____

Does the child have:

Allergies or drug reactions? Yes No

If yes, please specify _____

➤ Food restrictions? _____

➤ Asthma? Yes No

➤ Medication taken on a regular basis that we should be aware of? Yes No

If yes, please specify _____

Has the child had any illness, injury, operation with the past year that we should be aware of?

Does the child have any physical/psychological condition requiring special consideration?

Other concerns _____

To the best of my knowledge, my child is in good general health and is not suffering from a communicable disease*

parent Date Signature of

*Please advise the Jewish Family Institute if your child has been in contact with a communicable disease within 3 weeks of program admission and during the year.