TORAH
ACADEMY
BREVARD JEWISH
COMMUNITY DAY SCHOOL

B”H

Dear Parents,

Thank you for your interest in Torah Academy School for Kindergarten and 1st grade. We look forward to having your family as part of our Torah Academy family for the upcoming school year.

Torah Academy is an intimate school that welcomes each child regardless of back-ground or affiliation. It is our belief that each child is a special gift and we are committed to preserve and nurture the innate love of learning in each child, provide a strong foundation for future learning and to ignite a spark in each child to lay claim to his/her Jewish heritage. Our staff is working energetically, planning an amazing school year. Your continued interest and support as partners in the education of your child(ren) is necessary for this to happen.

Please review all the information enclosed in this packet, and fill out the necessary forms. Please mail them back as soon as possible so that we can review the package and we will contact you to let you know if you are accepted. If you have any questions, please feel free to call us at the school office.

Wishing you a great school year,

Shulamit Konikov

1190 Hwy A1A ● Satellite Beach FL 32937 ● Phone: (321) 777 2770 ● Fax: (321) 779 9753
Website: www.jewishbrevard.com/preschool ● email: shulafl@gmail.com

Registration Packet & Parents' Manual of School Policies

Forms Checklist 2019/20

Admission Procedure:
No child will be admitted to Torah Academy as a student until the following paperwork is submitted to the school office.

<u>All forms and the tuition contract must be returned with the appropriate payment by July 1st</u>

- ❑ Registration Form
- ❑ Tuition Payment Agreement
- ❑ Parents' Manual of School Policies
- ❑ Student Emergency Form
- ❑ Influenza Virus Form (sign and return)
- ❑ Child Discipline Form
- ❑ Parental Release Form
- ❑ Health & Immunization Forms
  (Blue & Yellow forms from pediatrician)
- ❑ PTO Volunteer Form
- ❑ Photo Release Form
- ❑ Family Information Form
- ❑ School Calendar

I have received and read all of the information contained in my registration packet and Parents' Manual of School Policies and agree to abide by the policies therein.

I have filled out and returned the above checklist of forms and I hereby grant permission for the staff of this facility to have access to my child's records.

_____ _____

Parent/Guardian Signature Date

Torah Academy Registration Form

Please print all information legibly—2019/20 School Year

Child's Name: _____ Hebrew Name: _____ DOB:_____
First Last

Father's Name _____ Mother's Name:_____
First Last *First Last*

Father's Hebrew Name: _____ Mother's Hebrew Name: _____
First Last *First Last*

Home Address: _____
Street City State Zip

Telephone:_____ _____ _____ _____
Home Work Father's Cell Mother's Cell

Email Address: _____ _____
Father Mother

Previous Programs Attended: _____ Languages spoken at home: _____

Siblings and Ages: _____

Is there any special situation or characteristic concerning your child that is important for the school to be aware of (intellectual, emotional, physical)?

_____

_____

Synagogue Affiliation

Name of Synagogue: _____

Is/Are the child(ren)'s natural mother Jewish by birth? ❑Yes ❑No

Has there been any conversions or adoptions in your family? ❑Yes ❑No

Explain:_____

_____

In order to serve your child better, it may be helpful for us to contact the school he/she previously attended. Please sign below giving permission for information to be shared.

Signed (Parent) _____ **Date** _____

I hereby enroll my child in Torah Academy Jewish Community Preschool. I understand that the Registration Fee and is non-refundable.

Signed (Parent/Guardian) _____ **Date** _____

Tuition Payment Agreement

Annual Registration Fee is $350 per child

Kindergarten

☐ **Monday - Friday 8:30 - 2:30** **$7,995 ($799.50 per month)**

1st Grade

☐ **Monday - Friday 8:30 - 2:30** **$7,995 ($799.50 per month)**

☐ **After Care 2:30 - 5:00** **$2500 ($250 per month)**
(*May be offered depending on parents request)*

Tuition rate is based on 10 monthly payments.

Receive a discount on your tuition if you pay annually or in two semester payments: $100 discount for semester payments (due June 1st & Nov 1st); $200 discount for annual payments (due June 1st).

Multi-child discount applies to siblings only.

Tuition will be due on the first of each month regardless of holidays, sick days, or shortened month.

Please choose from one of the following:

- ❑ Single Payment for all 10 months
- ❑ Monthly payments are due on the 1st of each month prior to attending month
- ❑ Credit Card Payment to be deducted on the 1st of the month
  A 3% surcharge will be added to all credit card payments.

_____	_____	_____	_____
Credit Card Number	Expiration Date Mo/Yr	Cardholder's name	CVV Code

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

We strive to work with and meet the individual needs of each family, so if you have other program options or would like to request a scholarship please feel free to discuss with the director.

Tuition Payment Agreement (Continued)

Tuition notes:

1. Tuition is due one month prior (ex. Aug tuition is due July 1st). After school begins, new students enrolling on the 1st - 15th of any month will be required to pay the full month's tuition at the start. Those enrolling after the 15th of the month will pay one-half month's tuition at the start.

2. Credit card is required to be on file for late tuition payments and late pick up charges. You will be notified 24 hours before card is charged for late payments at which point you will be given the option to bring in a check.

3. A 5% discount will be given to referrals who enroll.

4. A $20 late fee will be added to any account which is not paid in full prior to the 10th of each month, whether you receive a statement or not.

5. If it becomes necessary to withdraw a student from school, a one month notice is required. For withdrawal of any student(s) the parent or responsible party of the account must: (1) complete and sign a withdrawal form, and (2) bring outstanding tuition.

I have read and agreed to all tuition terms in this packet.

_____ _____

Parent/Guardian Signature Date

**Scholarships available upon financial qualification—please contact our office to request a scholarship application*

Arrival & Dismissal

Arrival

For the safety of your students, please indicate how your child(ren) will *usually* arrive to school. Students are to arrive between 8:30 - 9:00 am.

Dismissal

Parents are expected to arrive by **2:30 pm.** All dismissal changes must be in writing or personally told to your child(ren)'s teacher. For emergency situations, please call the office.

Chronically Late Parents

Parents who consistently arrive after 2:40 pm, **will be charged $10.00** for the first five (5) minutes and then $2.00 for each additional minute until arrival.

This late fee will be charged to your credit card on file on a monthly basis.

_____ _____

Parent/Guardian Signature Date

Student Emergency Form

Student's Name_____**Male**____**Female**____**Grade**_____

Student's Hebrew Name _____ **Birth Date** _____ **Social Security #** _____

Name of parent, guardian, or custodian_____

Address _____
Street **City** **State** **Zip**
Home Phone # _____**Cell #** _____ **E-MAIL** _____

Mother's name _____ **Father's name** _____

Mother's work # _____ **Father's work #** _____

Cell# _____ **Cell#** _____

Hospitalization (Insurance) Policy _____ **Policy #** _____

EMERGENCY CONTACT: _____ _____
Name **Phone**

EMERGENCY CONTACT: _____ _____
Name **Phone**

PLEASE COMPLETE CAREFULLY:

1. Medical Alert: (medical condition or other serious medical concern) _____
2. Allergy to medications (please list) _____
3. Medications being taken (please list) _____
4. Previous fracture or joint injuries _____
5. Allergies (foods, etc.) _____

Doctor of choice: _____ **Phone:** _____

This grants permission to release information concerning treatment of my child _____ to the representative from Torah Academy accompanying him/her.

If, in the opinion of the properly licensed and practicing physician, my son/daughter needs medical or surgical services that require my/our authorization or consent before being supplied, I/we hereby authorize, appoint, and empower Torah Academy to act as my/our agent to furnish on my/our behalf such oral or written authorization as which might arise from the giving by it of such authorization; it being my/our desire that my/our son/daughter be furnished with medical or surgical services as soon as reasonably possible after the need arises.

_____ _____
Parent/Guardian Signature Date

Discipline Policy

Torah Academy's goal is to help children establish self-discipline, to give them rules and encourage them to follow them. When a child breaks a rule, first we talk with the child to see that the rule is understood. Teachers and staff will utilize positive reinforcement, redirection and possible "time out" if needed to address discipline issues. If the use of positive reinforcement and redirection is unsuccessful, the use of "time out" will be utilized and your child may miss out in the current classroom activities.

Children will not be subjected to discipline which is severe, humiliating or frightening.
Discipline will never be associated with food, rest or toileting.
Spanking or other forms of physical punishment is strictly prohibited.

I have read the laws concerning disciplinary measures and understand that Torah Academy adheres to these rules

_____ _____

Parent/Guardian Signature Date

Parental Release & Pick Up Form

In the event of an emergency school closure or if you want other people to have permission to pick up your child, this release form must be filled out and signed.

The school must be notified by drop off of that morning if you have made arrangements to have your child picked up by someone other than the parents.

Child's Name: _____

Please list below family/friends that are authorized to pick up your child without prior notification.

1.Name: _____
Phone:_____
Relationship: _____

2.Name: _____
Phone:_____
Relationship: _____

3. Name: _____
Phone:_____
Relationship: _____

4.Name: _____
Phone:_____
Relationship: _____

5. Name: _____
Phone:_____
Relationship: _____

Parent/Guardian Signature: _____Date_____

Emergency Transportation & Treatment Authorization

Permission to Transport and Secure Treatment:

In the event that 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 of any accident or illness that Torah Academy.

I accept liability for all expenses incurred.

_____ _____

Parent/Guardian Signature Date

Volunteer Sign Up

We would like to welcome you all to the 2019-2020 school year at Torah Academy. The PTO has planned many fun and exciting events for our children and families to attend. But in order to make this the best year ever, we need YOU! So, please read the following and use it to plan your upcoming year. We hope to see you all at our many events planned throughout the year.

Please sign up to volunteer at any of our events. We need all of your talent to continue to make our school the exceptional school that it is. If there are any suggestions you would like to see added to the school calendar please contact us as we are always looking for new ideas. Please check website periodically for updates or changes to our program. The following activities are conditional and based on participation and interest.

<u>Please Check off at least two events you would like to help with:</u>

- ❑Shabbat Children's Program - Monthly
- ❑Sukkot Party - October
- ❑Chanukah Menorah Workshop - November
- ❑Chanukah Menorah Parade - December
- ❑Havdalah Movie Night - January
- ❑Shabbat Dinner - February
- ❑Purim Project - March
- ❑Matzah Delivery - April
- ❑Lag B'Omer BBQ on the Beach - May
- ❑Teacher Appreciation Week - May

Name:_____

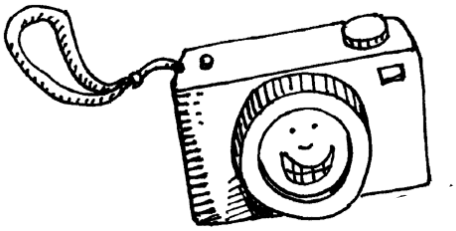
Phone #: Home _____ Cell: _____

E-mail:_____

Child's Name:_____

For any questions/suggestions, please contact our office.

Photo Release Form



I authorize Torah Academy Jewish Community Preschool to use and publish pictures or video images of my child, _____ while participating in activities at Torah Academy . These will be used only for the purpose of documentation, creative projects or publicizing Torah Academy Preschool. Photos and video may be used on our website.

_____ _____

Parent/Guardian Signature Date

Family Information

Student's Name: _____

We would like to notify grandparents when we are having special events:

Paternal Grandparents:_____

Address:_____

Email Address:_____

Maternal Grandparents:_____

Address:_____

Email Address:_____

School Calendar 2019/20

* SUBJECT TO CHANGE

DATE	WEEKDAY	EVENT	
AUGUST 15	THURSDAY	MEET THE TEACHER	9:00 AM
AUGUST 19	MONDAY	FIRST DAY OF CLASSES	
SEPTEMBER 2	MONDAY	LABOR DAY	NO SCHOOL
SEPT 30 & OCT 1	MON/TUES	ROSH HASHANA	NO SCHOOL
OCTOBER 8 & 9	TUES/WED	EREV YOM KIPPUR	NO SCHOOL
OCTOBER 14 & 15	MON/TUES	SUKKOT	NO SCHOOL
OCTOBER 16	WEDNESDAY	SUSHI IN THE SUKKAH PARTY	4:00 PM
OCTOBER 21& 22	MON/TUES	SIMCHAT TORAH	NO SCHOOL
OCTOBER 21	MONDAY	GRAND SIMCHAT TORAH PARTY	7:00 PM
NOVEMBER 11	MONDAY	VETERANS DAY	OPTIONAL
NOVEMBER 13	WEDNESDAY	PARENT/TEACHER CONFERENCES	TBD
NOVEMBER 26	TUESDAY	“FEAST OF THANKS”	9:00 AM
NOVEMBER 27-29	WED - FRIDAY	THANKS GIVING	NO SCHOOL
DECEMBER 15	SUNDAY	MENORAH WORKSHOP	2:00 PM
DECEMBER 19	THURSDAY	CHANUKAH PRESCHOOL PARTY	9:00 AM
DECEMBER 22	SUNDAY	CHANUKAH CELEBRATION	
DEC 23 - JAN 3	MON THRU FRI	WINTER BREAK	NO SCHOOL
JANUARY 6	MONDAY	SCHOOL RESUMES	
JANUARY 20	MONDAY	MARTIN LUTHER KING JR DAY	OPTIONAL
MARCH 4	WEDNESDAY	PARENT/TEACHER CONFERENCES	TBD
MARCH 10	TUESDAY	PURIM CELEBRATION @ 5:00 PM	NO SCHOOL
MARCH 11	WEDNESDAY	SHUSHAN PURIM	NO SCHOOL
APRIL 6 - 17	MON - FRI	PESACH / SPRING BREAK	NO SCHOOL
APRIL 20	MONDAY	SCHOOL RESUMES	
APRIL 9 - 10	WED & THUR	COMMUNITY PASSOVER SEDERS	7:15 PM
MAY 7	WEDNESDAY	MOTHER’S DAY PROGRAM	9:00 AM
MAY 12	TUESDAY	LAG B’OMER BEACH BBQ	5:00 PM
MAY 25	MONDAY	MEMORIAL DAY	OPTIONAL
MAY 27	WEDNESDAY	GRADUATION	11:00 AM