

# Jewish Youth Connection @KJ

## Application/Registration Form: 2011-2012/5772

*Please provide all information*

### General Information:

Check One: New \_\_\_\_\_ Existing \_\_\_\_\_

If existing, how long has your child attended JYC \_\_\_\_\_?

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in September \_\_\_\_\_

Current School Attending \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

### Family Information:

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Special Nees/Circumstances \_\_\_\_\_

**Background Information:**

Jewish/Hebrew Educational Background:

Child: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Family Synagogue Affiliation: \_\_\_\_\_

I hereby register my child for the Jewish Youth Connection and enclose herewith the JYC tuition. I understand that this fee is non-refundable. I am aware of the schedule of fees for the 2011-2012 school year, and understand that enrollment is a commitment to participate in *all* aspects of the program for the duration of the school year.

In the unlikely event of emergency while my child is under the school's supervision, I hereby give permission for the administration or person in charge to have my child taken to the emergency room of a nearby hospital for medical treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**The JYC admits Jewish students of any race, color, national and ethnic origin to all rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational polices, admissions policies, scholarship and loan programs, and athletic and other school administered programs.**

Please return completed application and tuition to:

Jewish Youth Connection  
125 East 85<sup>th</sup> Street  
New York N.Y.10028  
Phone: 212-794-1592 E-mail: [JYC@ckj.org](mailto:JYC@ckj.org)

## **Jewish Youth Connection @ KJ**

### **Schedule of Fees: 2011-2012/5772**

#### **JYC Tuition:**

**JYC Juniors (4 and 5 year olds): \$975.00**

Juniors Hours 9:30 -11:00 (tutoring not included)

**JYC Grades 1 - 6: \$1,150.00**

Hours 9:30 -12:00 (tutoring included)

**Bar/Bat Mitzvah – Grade 7: \$1,150**

Hours 9:30 – 11:30 (tutoring not included)

JYC Tuition check(s) must accompany your JYC registration.

\*Please note the following options for your tuition payment:

- 1) You may enclose a check for the full tuition amount for each child enrolled in the JYC dated August 30, 2011.
- 2) For your convenience, you may enclose a check for \$375.00 dated August 30, 2011; a check for \$375.00 dated October 1, 2011 and a check for \$400.00 dated December 1, 2011.
- 3) For JYC Juniors, you may enclose a check for \$325.00 dated August 30, 2011; a check for \$325.00 dated October 1, 2011 and a check for \$325.00 dated December 1, 2011.

If you choose options 2 or 3, please make sure to enclose the post-dated checks for each child you are enrolling.

A small fee may accompany some of the extracurricular programs and extended hours in order to cover costs.

Please contact Tzivia Kramer at (212) 794-1592 if you need to make other financial arrangements.