



REGISTRATION FORM 2010-2011

Website: www.msje.org E-mail Address: msje@yahoo.com Phone: 240-720-9711

FAMILY INFORMATION: (please print clearly)

Parents' Names: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Profession: (optional) _____

| Name(s) of Child(ren) | Date of Birth | Grade Fall 2010 |
|-----------------------|---------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FEES: (see Fee Notes on page 2)

| Tuition/Fees: | Amount | Total |
|---|---------|----------|
| K/1 - 2 nd grade \$695 | X _____ | \$ _____ |
| 3 rd - 4 th grade \$795 | X _____ | \$ _____ |
| 5 th - 6 th grade \$895 | X _____ | \$ _____ |
| 7 th grade \$995 | X _____ | \$ _____ |

Book/Activity Fee \$65 per student X _____ \$ _____

Discounts:

SUBTRACT \$100 for each additional child (full price for first child) X _____ \$- _____

SUBTRACT \$50 per family for full payment postmarked by 7/1/10 X _____ \$- _____

Optional Fees:

MSJE T-Shirt \$10 size(s) Youth M L Adult M L XL X _____ \$ _____

Circle shirt size(s). Shirts will be distributed at the beginning of the school year.

Donation \$25 (tax deductible) X _____ \$ _____

In Honor / In Memory of _____

TOTAL DUE BY FIRST DAY OF SCHOOL: \$ _____

Send your payment, made payable to MSJE, with registration forms to:
MSJE, P.O. Box 10573, Rockville, MD 20849

Family Name: _____

FEE NOTES:

1. Payment Schedule:
\$200 due with registration by July 1, 2010
Balance due by first day of class
2. \$50 per family discount if PAID IN FULL by July 1, 2010
3. All Accounts need to be PAID IN FULL by first day of school; please contact the Treasurer with questions/concerns
4. An additional 1.5% per month will be added to unpaid balances effective Oct. 1, 2010
5. Members are responsible for all collection and legal fees

VOLUNTEER RESPONSIBILITIES/OPPORTUNITIES:

The Maryland School for Jewish Education (MSJE) is a cooperative religious school. As a cooperative school, the MSJE can thrive only through the voluntary contributions and service of its members! Parents contribute their creative talents and skills by setting school policy and helping in special events. Further, the school teaches its members and their children that they are part of the local, national, and world Jewish communities. It encourages them to maintain a sense of kinship and desire to serve these other communities. We need everyone's involvement to ensure the success of the school and a wonderful experience for our children.

All families will be assigned dates for check-in, check-out, and/or snack sales throughout the year. The dates you are assigned will be listed in the school directory and on our website www.msje.org in the fall. If you are unable to attend on the dates assigned, please make arrangements with another family and let an MSJE Board Member know about the change.

In addition to check-in, check-out, and snack sale volunteering, we request that all families assist with at least one of our in-school celebrations. Please indicate which event you will be able to help with:

_____ **Hannukah Party** _____ **Purim Carnival** _____ **Passover Seder**

If you are interested in becoming a room parent, please check below. A room parent assists the teacher with special classroom activities as needed. Occasionally, throughout the year, they may be asked to contact other families about special activities. Room parents may also coordinate staff appreciation activities.

Yes, I would like to be a room parent _____ Grade _____

Are you a new member? Y / N If yes, how did you hear about our school? _____

CODE OF BEHAVIOR:

In order for our school to be successful, proper discipline must be maintained. Therefore, we follow a *Code of Behavior*. Please review our *Code of Behavior*, that is posted on our website www.msje.org, with your child(ren). If you need a copy of our *Code of Behavior*, please contact a Board Member. By signing this registration form you acknowledge that you have reviewed this policy with your child(ren).

MSJE DIRECTORY / WEBSITE RELEASE:

The Maryland School for Jewish Education (MSJE) publishes a membership directory that is provided to all families of students who attend MSJE. The directory includes personal information (class rosters, family names/addresses/phone numbers/emails). MSJE also includes photos of students, parents, teachers, and school activities on its website. It is our policy that addresses and/or telephone numbers will not be used on the website. Please contact us if you do not want your information published in the directory or on the website.

SCHOOL CLOSURE INFORMATION:

When MCPS cancels weekend activities due to weather or other unforeseen circumstances, MSJE will be closed. Due to time and space constraints, we may not be able to make up missed days later in the year.

Family Name: _____

HEALTH INFORMATION:

Please fill out **ONE FORM FOR EACH CHILD ATTENDING THE SCHOOL**. Copies of this form are acceptable. All information is confidential. Signatures must be original.

Name of Child: _____ Date of Birth: _____

Home Phone: _____

Cell Phone(s): Mom _____ Dad _____

PHONE NUMBERS WHERE YOU CAN BE REACHED DURING SUNDAY SCHOOL.

Additional Emergency Contacts:

1. _____ Phone: _____

2. _____ Phone: _____

Physician's Name: _____ Phone: _____

List/describe any health issues that your child has: _____

List any medications that your child is taking: _____

Does your child have any allergies? Y / N

If yes, please list all allergies: _____

Does your child carry an EPI Pen?: Y / N

PLEASE NOTE THAT PREPARED FOODS MAY BE SERVED DURING HOLIDAY EVENTS AND FIELD TRIPS.

The MSJE admits students of any race, color, and national or ethnic origin. I have read and acknowledge the complete terms and conditions of membership in MSJE for this school year; including the tuition/fee schedule, volunteer responsibilities, code of behavior, and MSJE directory/website release. I am aware of the late fee policy, and when such fees will be assessed. In the event of a medical emergency, I authorize MSJE staff and/or representative to obtain medical treatment for my child. I understand that I will be contacted as soon as possible.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____