



Pelham Jewish Center
The Learning Center
451 Esplanade
Pelham Manor, NY 10803
Tel: (914) 738-6008
Fax: (914) 931-2199

Dear Parents,

Bruchim Habayim – Welcome to the PJC Learning Center!

Rabbi Abraham Joshua Heschel once said, "Just as creation began with the word: 'Let there be light!' – so does the celebration of creation begin with the kindling of lights." The PJC Learning Center is about rekindling a very special light in the hearts of each one of us: the light of learning, rejoicing, connecting, embracing and creating; the light of history, tradition, peoplehood and prayer. The millenary light of Judaism that connects learners, teachers and parents. It is my hope that the Learning Center – together with all LC families – will always use this light to do good, within our own community and in the world at large. Many avenues can lead each one of us into kindling that special light. At the Learning Center, we promise to work hard and have all these different avenues available for our students and their families.

Please complete the enclosed form so that we may have the most current information about your children and family, and feel free to drop by the PJC office to chat or just to say hi. We'd love to learn about your thoughts about your family's Jewish Journey.

We are looking forward to having a bright and joyful year of Jewish learning together at the PJC Learning Center.

L'shalom,

Ana Turkienicz

Ana Turkienicz
Education Director
W: (914) 738-6008
M: (914) 439-4983
edudir@thepjc.org

Parent or Guardian Name(s): _____
Parent 1: Last, First Parent 2: Last, First

Parent 1 Mailing Address: _____
Street City Zip

Parent 2 Mailing Address: _____
Street City Zip

Phone Numbers: () () ()
Child's Home # Parent 1 Business # Parent 2 Business #

Cell Number: _____ Cell Number: _____

Email Parent 1: _____

Email Parent 2: _____

8th-12th Grade Student Email (optional): _____
(Parents will be copied with each correspondence)

If parents are divorced or separated, please complete the following section:

Custodial Parent's Name: _____

Do you wish all mailings and emails regarding the child(ren) to go to both parties? _____

STUDENT'S NAME	STUDENT'S HEBREW NAME	SEX M/F	BIRTH DATE	LEARNING CENTER GRADE 2019-20	PUBLIC SCHOOL GRADE 2019-20	NAME OF PUBLIC SCHOOL
1.						
2.						
3.						
4.						

2019-20 Learning Center Tuition Schedule

CHECK ALL THAT APPLY AND MARK # OF CHILDREN IN GRADE	GRADE	DATES/TIMES	TUITION	TOTAL
	NITZANIM-GAN Pre-K & Kindergarten (Ages 3-5)	Tuesdays <i>Only</i> 4:00 – 5:30 P.M.	\$960 <i>(Nitzanim 1st Year Free)</i>	
	ALEF 1 st Grade (Age 6)	Tuesdays & Thursdays 4:00 – 6:00 P.M.	\$1,690	
	BET 2 nd Grade (Age 7)	Tuesdays & Thursdays 4:00 – 6:00 P.M.	\$1,690	
	GIMMEL-DALED 3 rd & 4 th Grades (Ages 8 & 9)	Tuesdays & Thursdays 4:00 – 6:00 P.M.	\$1,690	
	HEI-VAV 5 th & 6 th Grades (Ages 10 & 11)	Tuesdays & Thursdays 4:00 – 6:00 P.M.	\$1,690	
	ZAYIN 7 th Grade (Age 12)	Tuesdays <i>Only</i> 4:00 – 6:00 P.M.	\$1,070	
	HEBREW HIGH SCHOOL 8 th -12 th Grades (Ages 13-18)	Tuesdays <i>Only</i> 6:30 – 8:00 P.M.	\$1,070 Full Time <i>Or</i> \$535 Part Time	
	HEBREW HIGH SCHOOL PIZZA	Tuesdays <i>Only</i> 6:30 – 8:00 P.M.	\$250 Full Time <i>Or</i> \$125 Part Time	

PAYMENT INFORMATION

ENTER the amount of the School Tuition for your grade(s) from the schedule above \$ _____

ADD Special Programs Fee (**per family**)/For Technology & Special Programs: \$ **36.00**

ADD Donation to the Learning Center (optional) \$ _____

Total Due: \$ _____

**Please include the total amount of tuition, donation and fees
with your child(ren)'s registration.**

Publication Permission:

Unless initialed below, **I /we agree** that my/our child’s likeness may be photographed, recorded, reproduced, and used for school-wide publications, professional communications, and marketing efforts PJC Learning Center and/or PJC, including, but not limited to the yearbook, photo galleries, classroom pages, news stories, emails to parents and other family members, Facebook, PJC website, internet, achievement announcements, and printed internal publications. No student will be identified by name in any photo or video posted online.

_____ Initial here if you **do not agree.**

I hereby apply for admission for my child(ren) to The Pelham Jewish Center Learning Center in accordance with the procedures set forth by the Education Committee for the administration of the Learning Center. Registration of my child(ren) also signifies a commitment on my part to assist my child(ren) and to be supportive of their Learning Center projects and programs.

Parent(s) or Guardian(s) Signature _____ **Date** _____

2019-20 PERSONAL AND EMERGENCY INFORMATION

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian:

If injury or illness is minor, give first aid? Yes ___ No ___

If injury is serious and parent cannot be contacted, do you wish your personal physician contacted? Yes ___ No ___

Name of Physician: _____ Insurance Provider: _____

Address: _____ Phone #: _____

Policy #: _____

If you cannot be reached in case of an emergency, give names of persons to be notified:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Confidential Information

Please check any conditions experienced by your child(ren), knowledge of which will enable the school to affect a more satisfactory experience for him/her:

(1) Student's Name: _____

Vision ___ Hearing ___ Allergy ___ *Educational ___ Other _____

*If your child has special educational needs, please explain below:

(2) Student's Name: _____

Vision ___ Hearing ___ Allergy ___ *Educational ___ Other _____

*If your child has special educational needs, please explain below:

(3) Student's Name: _____

Vision ___ Hearing ___ Allergy ___ *Educational ___ Other _____

*If your child has special educational needs, please explain below:

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child(ren). I understand that I will be contacted immediately, as will my physician.

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____

FOR NEW STUDENTS ONLY:

Did your child(ren) attend a different Religious School last year? _____

If so, Name of Synagogue/Religious School _____

City, State _____

Grades Completed _____

Did your child(ren) previously attend a Jewish Day School? _____ What Grades? _____

PLEASE FILL OUT THE ADDITIONAL STUDENT INFORMATION ON THE NEXT PAGE.

2019-20 ADDITIONAL STUDENT INFORMATION

(OPTIONAL)

Dear Parent(s) or Guardian(s):

As the new school year begins, your child(ren)'s teacher is looking forward to getting to know him or her better. We would appreciate it very much if you would take the time to write a paragraph about your child(ren) below. You may include such items as, what makes them smile, what they enjoy doing in their spare time, and what activities you enjoy doing with your child. You may also include what you feel your child(ren)'s strengths is/are and what might be some areas that need improvement.

Thank you very much!

L'shalom,

Ana Turkienicz

Education Director
The PJC Learning Center

Child 1 Name: _____

Child 2 Name: _____

Child 3 Name: _____
