



A Coalition of Two Area Congregations
Temple Emanu-El & Tifereth Israel Synagogue

Located at Temple Emanu-El
6299 Capri Drive • San Diego, CA 92120

COMMUNITY JEWISH HIGH 2017-2018 REGISTRATION FORM

Please attach a current picture of applicant

Student's Name _____ I like to be called _____

School as of September 2017 _____ Grade as of September 2017 _____

Synagogue Affiliation (if applicable) _____

Student's e-mail address - **Please do NOT use a school email address** as they usually recognize our emails as SPAM

_____ Birth Date ____/____/____

Student's Street Address _____ City _____ State _____ Zip Code _____

Parent / Guardian #1

First and last name _____ Preferred Contact # _____ Other Contact # _____ Other Contact # _____

Home address if different from student _____

E-mail address _____

Parent / Guardian #2

First and last name _____ Preferred Contact # _____ Other Contact # _____ Other Contact # _____

Home address if different from student _____

E-mail address _____

Emergency Contact other than Parent

First and last name _____ Preferred Contact # _____ Other Contact # _____ Other Contact # _____

Medical and Education History

Does your child have any allergies? ____Yes ____No If yes, please explain _____

Are there any educational issues that we should know about? ____Yes ____No If yes, please explain _____

Are there medical concerns? ____Yes ____No If yes, please explain _____

Are there behavioral concerns? ____Yes ____No If yes, please explain _____

Please list any regularly used prescription drugs _____

Is there anything else we should be aware of to ensure the best possible experience for your child? _____

Student's Name _____

COMMUNITY JEWISH HIGH 2017-2018 PAYMENT OPTION FORM

Annual tuition is \$700.00. An early bird discount of \$25 will be given when we receive your completed application by July 31, 2017. Those who pay their tuition in full by October 31, 2017 will receive a \$25 discount. You may take advantage of BOTH offers.

Please note, there will be no refunds or prorating of fees once the school year begins. All fees are non-refundable.

PAYMENT PLANS * Please note, all student accounts must be on a payment plan with a credit or debit card (MasterCard, VISA or Discover) or post-dated checks. All payment plans must be completed by May 30, 2018. Select one of the following payment methods for 2017-2018 CJH Tuition.

Payment Information (MasterCard, Visa or Discover) – Please fill out this section **COMPLETELY** to authorize payment. There is no additional charge for this service. **Payments may begin as soon as you register.**

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

BILLING ADDRESS _____

___ **PAYMENT IN FULL** (You may also pay by check for this option. Check # _____)

___ **EQUAL PAYMENTS** Please charge my card, in ___ equal monthly payments, on the ___ of each month. You may begin my payments in the month of _____, 2017.

Please note, if no date is indicated, cards will be charged on the 25th of each month, August through May.

Post-dated checks

SIGNATURE _____ DATE _____

PHOTOGRAPH/VIDEO RELEASE

It is the practice of CJH to use photographs and videos of students involved in school activities in its publications and in other selected media for the purpose of promoting CJH. Children's names are never used when appearing in publicity.

By signing, **I am allowing CJH** to produce and use any such photographic or video material of my child.

SIGNATURE _____ DATE _____

If you should have any questions please call Beth Klareich at (619) 697-6001 ext. 108 or email her at beth.cjhsd@gmail.com.

Student's Name _____

Nondiscriminatory Policy for Community Jewish High (CJH)

The Community Jewish High admits students of any race, color, national origin, ethnic origin, sexual orientation and gender identity to all the 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 origin, ethnic origin, sexual orientation or gender identity in administration of its educational policies, admission policies, and other school-administered programs.

Be sure to complete and return your forms in one of the following ways:

US MAIL

Community Jewish High
c/o Tifereth Israel Synagogue
6660 Cowles Mountain Blvd.
San Diego, CA 92119

EMAIL

You may also email the form as a PDF. We cannot accept a photograph of the form.

Email the **PDF** to beth.cjhsd@gmail.com and indicate in the subject "CJH Registration."

FAX

If you prefer to fax your forms, the fax number is 619 697-1102.

For office use only	
Registration	\$ _____ paid by _____ on _____
Deposit	\$ _____ paid by _____ on _____
Tuition	<input type="checkbox"/> Paid in full \$ _____ paid by _____ on _____
	<input type="checkbox"/> Payment plan set up on _____ Total on plan \$ _____
<input type="checkbox"/> Processed by Beth	
<input type="checkbox"/> Added to Email Lists	