



# 2023-2024 REGISTRATION FORM

A Coalition of Two Area Congregations  
Temple Emanu-El & Tifereth Israel Synagogue  
Located at Temple Emanu-El  
6299 Capri Drive • San Diego, CA 92120

**Please attach a current picture of applicant**

**Student's Name** \_\_\_\_\_

Preferred name \_\_\_\_\_ Preferred pronouns \_\_\_\_\_

School as of September 2023 \_\_\_\_\_ Grade as of September 2023 \_\_\_\_\_

Synagogue Affiliation (if applicable) \_\_\_\_\_ Student Phone # \_\_\_\_\_

Student's e-mail address - **Do NOT use a school email address** as they usually see 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 # \_\_\_\_\_

Home address if different from student \_\_\_\_\_

E-mail address \_\_\_\_\_

## Parent / Guardian #2

First and last name \_\_\_\_\_ Preferred 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 # \_\_\_\_\_

## Medical and Education History

*If you answer "yes" to any of these questions, please explain on an additional piece of paper.*

- Does your child have any allergies? \_\_\_\_Yes \_\_\_\_No
- Are there any educational issues that we should know about? \_\_\_\_Yes \_\_\_\_No
- Are there medical concerns? \_\_\_\_Yes \_\_\_\_No
- Are there behavioral concerns? \_\_\_\_Yes \_\_\_\_No

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 2023-2024 PAYMENT OPTION FORM

Annual tuition is \$875.00. *The following discounts may be combined:*

- Early bird discount (\$25) – for completed registrations received by July 28, 2023
- Early payment discount (\$25) – for tuition paid in full by October 31, 2023
- Sibling discount (\$25) – for any sibling beyond the first student, within the same household



Once the school year begins, there will be no refunds or prorating of fees. All fees are non-refundable. Please initial here to indicate you understand this policy. \_\_\_\_\_

### PAYMENT PLANS

*Please note, all student accounts must be on a payment plan with a credit or debit card, ACH direct debit, or post-dated checks. All payment plans must be completed by April 28, 2023.*

### Select one of the following payment methods for 2023-2024 CJH Tuition

- Credit / Debit Card** (MasterCard, Visa, Discover, or American Express): Please fill out this section completely to authorize payment. Payments may begin as soon as you register. *A convenience fee of 3.5% will be added to all credit/debit card payments.*

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CODE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

- Payment in full
- Equal Payments\* Please charge my card, in \_\_\_\_\_ equal monthly payments, on the \_\_\_\_\_ day of each month, beginning in the month of \_\_\_\_\_, 2023.  
*\*If no date is indicated, cards will be charged on the 25<sup>th</sup> of each month, August – April.*

SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_ DATE \_\_\_\_\_

- ACH (Direct Debit)**: Please fill out this section completely to authorize payment. Payments may begin as soon as you register. *A convenience fee of 1.5% will be added to all direct debit payments.*

*If you have a Tifereth Israel Synagogue ShulCloud account, please log in and enter your bank account information there. If you do not have a TIS ShulCloud account, or are not sure, contact Linda Marus at [office@tiferethisrael.com](mailto:office@tiferethisrael.com) for a login link.*

- Payment in full
- Equal Payments\* Please charge my account, in \_\_\_\_\_ equal monthly payments, on the \_\_\_\_\_ day of each month, beginning in the month of \_\_\_\_\_, 2023.  
*\*If no date is indicated, accounts will be charged on the 25<sup>th</sup> of each month, August – April.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- Check**

Payment in full (enclosed)

Post-dated checks (enclosed)

Student's Name \_\_\_\_\_

### 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](mailto:beth.cjhsd@gmail.com).

### NONDISCRIMINATION POLICY FOR COMMUNITY JEWISH HIGH (CJH)

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 email the form as a PDF. **We cannot accept a photograph of the form.** Email the PDF to [beth.cjhsd@gmail.com](mailto: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

Tuition

- Early bird discount (7/28/23)  Early payment discount (10/31/23)  
 Sibling Discount \$25 per student beyond the first enrolled in a household
- Paid in full \$ \_\_\_\_\_ paid by \_\_\_\_\_ on \_\_\_\_\_  
 Payment plan set up on \_\_\_\_\_ Total on plan \$ \_\_\_\_\_  
 CC  ACH  Check(s)  
 Scholarship / financial consideration requested from \_\_\_\_\_

Processed by Beth

Added to Email Lists