

# PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus | Think for yourself. Work for the world.

## Kidscorner & Dragon's Den 2020-21 Enrollment

For PJA & PPS Kindergarten-7th grade students,  
 Inside Portland Jewish Academy • 6651 SW Capitol Hwy. Portland, OR 97219  
 P: 503.535.3546 F: 503.452.7001 E: Afterschool@pjaproud.org W: www.pjaproud.org/afterscho

<b>CHILD'S FULL NAME:</b>		Date of Birth:	Grade:
Primary Address:		City:	State: Zip:
School:	Child's Nickname(s):	Child's Age:	

**Preferred START Date:** \_\_\_\_\_

Child's Preferred Gender Pronoun: \_\_\_\_\_

<b>CUSTODIAL PARENT /GUARDIAN (1):</b>	Relationship:	Home Phone:	Cell:
Address (if different from child's):		City:	State: Zip:
Employer:	Job Title:	Work Phone:	

Email Address: \_\_\_\_\_ *We do not give your email to any other department (aside from our accounting office), outside agency or organization without your prior consent.*

<b>CUSTODIAL PARENT /GUARDIAN (2):</b>	Relationship:	Home Phone:	Cell:
Address (if different from child's):		City:	State: Zip:
Employer:	Job Title:	Work Phone:	

Email Address: \_\_\_\_\_ *We do not give your email to any other department (aside from our accounting office), outside agency or organization without your prior consent.*

**PLEASE INDICATE** where monthly billing statements are to be mailed:  Parent (1)  Parent (2)  Other: \_\_\_\_\_

**Do you have a current legal child custody order or restraining order in place?**  Yes  No  
*(If yes, a copy is REQUIRED to be on file at your program)*

**NON-Emergency Authorized Pick Up Persons Please list non-emergency contacts who may pick up your child from the program.**

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

### ENROLLMENT REQUEST

**AFTER SCHOOL CARE:** Hours depend on school. See handbook for details

Mon  Tue  Wed  Thu  Fri

**TRANSPORTATION OPTIONS:** From Maplewood, East Sylvan and Rieke

Afterschool Transportation TO program FROM school provided by:  
 PJA Afterschool Bus (Rieke, Odyssey) — PPS Yellow Bus (Maplewood)

**TUITION OPTIONS:** Refer to our Fee Schedule Sheet for package descriptions.

**REGULAR CARE TUITION**

– includes JUST Before/Afterschool Care. Ability to buy Vacation Care is as needed, but dependent on space availability.

**VACATION CARE TUITION**

– includes Afterschool Care AND Vacation Days. Enrollment in this package is required for the FULL 3-month Term (may not be dropped early or entered into late)

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## Release of Confidential Student Information

Portland Public Schools ("District") and Before and After-school Childcare Providers ("Program") can effectively support your student when the school and Program are allowed by you to share important information about your child for the purpose of student support, program planning, staffing and safety.

For the 2020-21 school year, the District is requiring every parent/guardian with a student enrolled in a Program to sign this release form. By signing this release form, you allow your child's school to share information about your student with the Program. This release form also grants permission to the Program to share information about your student with the school on a need-to-know basis.

*Student/Child's Name*

*Attending School*

*Date of Birth*

*Name of Program*

*Location of Program*

By signing this release, I understand that:

- Providing this consent is a requirement for my child to participate in the Program.
- This consent allows verbal information about my student's behavior, safety, education, health, social skills, and accommodations to be shared between the Program and school.
- \_\_\_(requires parent/guardian initials) In addition, I specifically authorize the release of school records as needed. Records will only be shared on an "as needed" basis.
- The Program will keep all information about students confidential according to its own policies.

I consent to the use and disclosure of the above information and/or records.

*Signature of Parent or Legal Guardian*

*Relationship*

*Date*

Authorization expires 9.2.21 Contract  
2020-2021 (not more than 1 year)

### Voluntary Family Background:

In an effort to better serve every child and family of our program we are collecting this voluntary information about your family background.

**Primary language spoken at home:** \_\_\_\_\_

### Household Structure:

- Two parents, one house     Two parents, two houses
- Single Parent     Foster     Guardian     Other (please describe) \_\_\_\_\_

### Additional Information:

My child participates in an ELL/ESL program:     Yes     No

My child has an IEP, 504 Plan or IFSP:     Yes     No

### REQUIRED EMERGENCY CONTACT INFORMATION

Persons to be contacted in the event that custodial parents/guardians are unreachable. Please consider including a local contact (nearest acquaintance) for reunification purposes in the event of a school emergency or natural disaster.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PORTLAND JEWISH ACADEMY'S NON-DISCRIMINATION POLICY:** Portland Jewish Academy admits students of any race, color, religion, national and ethnic origin 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, religion, sexual orientation or ethnic origin in administration of its educational policies, admission policies or other school administered programs.

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**AUTHORIZATIONS:** *all below initialed authorizations are valid for the duration of the school year*

Initial → \_\_\_\_\_ My child may be photographed for website, publicity or news purposes.

Initial → \_\_\_\_\_ My child's photo may be shared on PJA Afterschool's Facebook page.

Initial → \_\_\_\_\_ My child may be photographed for program newsletters.

Initial → \_\_\_\_\_ Sunscreen may be applied to my child. *You may provide the program w/ your own sunscreen if you wish. Sunscreen must be SPF 45+*

Initial → \_\_\_\_\_ My child may participate in field trips away from campus. I understand that school bus or public transportation may be used.

**Medical Information:**

Please share any medical/health information that PJA Afterschool should be made aware of. All information is kept confidential.

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**Allergies:**

Please list any allergies your child has.

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**Medical Emergency Contacts:**

Child's <b>Physician:</b>	Phone:
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Address:	City:	State:	Zip:
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Child's <b>Dentist:</b>	Phone:
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Address:	City:	State:	Zip:
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Preferred Hospital:	Phone:
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<b>Insurance</b> Provider:	Phone:
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Individual's Name on Insurance Policy:	Group <b>Number:</b>
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**Please Note: If your child is on any medications, a separate medication form will need to be completed.**

**EMERGENCY MEDICAL RELEASE:** In the event of a medical emergency I hereby authorize PJA Afterschool to obtain emergency medical treatment and to obligate me for all expenses. The child's parent/guardian will be notified as soon as possible in all Medical Emergencies. By signing below I authorize this Emergency Medical Release for the duration of my child's enrollment at PJA Afterschool for the school year dating **August 25, 2020-June 30, 2021.**

Custodial Parent  
/Guardian Signature: \_\_\_\_\_

Custodial Parent  
/Guardian Signature: \_\_\_\_\_

**Other Information:** Please share any additional information you feel would be helpful for us to know in order to best support your child

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