



COMMUNITY  
JEWISH HIGH  
SAN DIEGO

# 2018-2019 REGISTRATION FORM

Please attach a current picture of applicant

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

**Student's Name** \_\_\_\_\_ I like to be called \_\_\_\_\_

School as of September 2018 \_\_\_\_\_ Grade as of September 2018 \_\_\_\_\_

Synagogue Affiliation (if applicable) \_\_\_\_\_

Student's e-mail address - **Please 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 2018-2019 PAYMENT OPTION FORM

**Annual tuition is \$725.00. An early bird discount of \$25 will be given when we receive your completed application by July 31, 2018. Those who pay their tuition in full by October 31, 2018 will receive a \$25 discount. You may take advantage of BOTH offers.**



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 or post-dated checks. All payment plans must be completed by May 30, 2019.*

### Select one of the following payment methods for 2018-2019 CJH Tuition

- Credit / Debit Card** (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

- Equal Payments\* Please charge my card, in \_\_\_\_\_ equal monthly payments, on the \_\_\_\_\_ day of each month, beginning in the month of \_\_\_\_\_, 2018.

*\*If no date is indicated, cards will be charged on the 25<sup>th</sup> of each month, August through May.*

SIGNATURE OF CARD HOLDER \_\_\_\_\_ 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 (7/31/18)  Early payment discount (10/31/18)
- Paid in full \$ \_\_\_\_\_ paid by \_\_\_\_\_ on \_\_\_\_\_
- Payment plan set up on \_\_\_\_\_ Total on plan \$ \_\_\_\_\_
- Scholarship / financial consideration requested from \_\_\_\_\_

- Processed by Beth
- Added to Email Lists