

2018-2019

RE-ENROLLMENT CHECKLIST

GRADES 1—5

KEY DATES

January 16, 2018	Re-Enrollment Window Begins
February 20, 2018	Financial Aid Applications Due
February 26, 2018	Tuition Contract, Tuition Deposit, Application Fee, Student Fee and Tuition Insurance (if applicable) due.
February 27, 2018	\$500 Late Enrollment Fee assessed for incomplete or late packets
March 15, 2018	Tax documents for <u>all</u> financial aid applicants are due to FAST
April 1—May 15, 2018	Financial Aid Decisions Mailed
May 15, 2018	Bus &/or Lunch Program Fees Due (optional)

ALL DATES ARE STRICTLY ENFORCED

Applications and related paperwork and payments must be received by February 26, 2018 in order to avoid a \$500 late fee.

TUITION

Grade 1	\$13,976
Grade 2—5	\$15,504

RELATED FEES

Application Fee	\$100
Tuition Deposit	\$1500 / \$500 for financial assistance recipients
Tuition Insurance	If applicable; rates vary. (See accompanying literature.)
Student Supply & Activity Fee	\$500 (curriculum; PTO dues; Chesed dues; yearbook; trips; etc.)
Bus (morning transport only)	\$600 (optional)
Lunch Program (daily)	\$350 (optional)

CHECKLIST FOR RETURNING STUDENTS

- Completed Student & Family Information Sheet
- Application / Re-Enrollment Fee of \$100
- Signed Tuition Contract—be sure to indicate your payment terms
- Tuition Deposit of \$1500
- Signed Tuition Refund Policy (if applicable)
- Tuition Insurance Payment (if applicable)
- Signed Partnership Agreement
- Signed Behavior Policy
- \$500 Student Fee
- Bus Registration Form & Payment (optional)
- Lunch Registration Form & Payment (optional)

STUDENT AND FAMILY INFORMATION

Please complete this application in full and return it with a non-refundable fee of \$100.

Date: _____ Month and Year Student will enroll _____ Grade _____

My child had a psychological, educational, occupational or speech therapy evaluation in the past three years:

NO YES (If so....copies must be submitted to CJDS to be considered for admissions or re-enrollment)

I. Student Information—please print

Student's Last Name	First Name	Middle Name	Goes by
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Student's Hebrew Name	Student's Hebrew Birthday (if known)	Sex
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Primary address where student resides:	City	State	Zip Code
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Home Phone Number	Home Email Address
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Student's Date of Birth	Time of Day Born (for Hebrew Birthday calculation)	Place of Birth (for Hebrew Birthday calculation)
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Student's Current School	Address
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II. Parent Information

_____ Name of father / Guardian #1	_____ Name of mother / Guardian #2
_____	_____
_____	_____
Address is different than above	Address is different than above
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
_____	_____
Occupation Place of Business	Occupation Place of Business
_____	_____
Email address	Email address

III. **Correspondence:** All school correspondence, such as information and bills, will be sent to the address where the student resides (as indicated in Section I.)
If you have an exception, please list information below:

Full Name of Person(s) to Receive Correspondence _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____ Email Address _____

IV. **Religious Background:** *Check one* One parent was born or converted to the Jewish faith.
 Both parents were born or converted to the Jewish faith.
Temple Affiliation: _____

V. **Siblings:** (include names and ages) _____

VI. **Who may we thank for referring you?** _____

Any additional information you would like to share with us:

The information on this form is true and correct to the best of my knowledge.

Signature _____ Date _____



2018-2019 TUITION CONTRACT

Name of student: ("Student")

Grade

We, the student’s parent/legal guardians (“Applicant”), by signing this Tuition Contract (“Tuition Contract”), request that Charlotte Jewish Day School (“School”) accept the Student for enrollment for the 2018-2019 academic year. In consideration for holding a place for the Student in the School, we agree to the following terms and conditions.

1. Regulations: Upon acceptance of the Student to the School, we and the Student will be bound by all policies, rules and regulations as may be published and amended by the School from time to time and to the terms of this Tuition Contract.

2. Admission: Attending the School is a privilege and not a right, and the School retains the right, in its sole discretion, to determine whether or not to select a Student for admission, to re-enroll a Student, or to require a Student to withdraw from the School during the academic year. A Student may be voluntarily or involuntarily withdrawn from the School due to violation of the School’s regulations, violation of law, personal maladjustment, prolonged academic deficiency, lack of parental cooperation, or non-payment of any amount due to the School. Admission for returning Students for the new school year is dependent on the balance being current. Any re-enrollment deposit paid prior to receipt of payment of an overdue account will be applied to the delinquent account.

3. Fees & Charges: We will pay the School the following (“Fees”):

A. Application Fee: A non-refundable application / re-enrollment fee of \$100 is due prior to execution of the tuition contract.

B. Test Interpretation Fee: A non-refundable test interpretation fee of \$80 is due prior to execution of the tuition contract.

C. Tuition Deposit: A non-refundable \$1500 tuition deposit, payable upon submission of the Tuition Contract.

D. Fair Share Program Fee: Each family is required to make a Fair Share commitment to the school. This can be in the form of a monetary contribution or by participating in activities or projects at the school. Parents with one child in the school need to contribute a non-refundable \$500 or accumulate 20 hours of service to the school. Parents with two or more children in the school need to contribute a non-refundable \$625 or accumulate 25 hours of service to the school. (Fair Share hours are credited at the rate of \$25 per hour.) All Fair Share hours must be completed by May 1, 2019.

E. Student Supply / Activity Fee: \$500 refundable fee for books, school supplies, PTO dues, Chesed dues, teacher gifts, year book, class yearbook ad, school t-shirt and all day and overnight field trips, payable upon submission of the Tuition Contract.

F. Default Fees:

i. Late Payment Fee of \$25 per month, if we fail to make any payment under the terms of this Tuition Contract on or before the day the money is due.

ii. Return Fee of \$25 if any check, draft, or automated clearing house item is returned to the School for non-sufficient funds.

iii. All costs and fees incurred by the School as a result of our failure to pay any amount due under the terms of this Tuition Contract when due, including but not limited to, collection costs, attorneys’ fees, and reasonable court cost.

iv. I understand that a 40% collections fee will be added to my past due account balance if it becomes necessary to turn my account over to a collection agency for remittance.

4. **Tuition:** We will pay the School the following for tuition:

\$11,078 (Kindergarten) \$13,976 (Grade 1) \$15,504 (Grades 2—5)

Tuition will be paid in accordance with one of the following three payment plans that we select.

PLEASE CHECK THE BOX WHICH CORRESPONDS TO THE FOLLOWING THREE PAYMENT OPTIONS.

<p style="text-align: center;"><input type="checkbox"/> OPTION 1:</p> <p style="text-align: center;">SINGLE PAYMENT PLAN</p> <p style="text-align: center;">(After \$1500 deposit)</p> <p style="text-align: center;">Payment No. 1 Due June 25, 2018</p> <p style="text-align: center;">\$9587 (Kindergarten) \$12,476 (Grade 1) \$14,004 (Grades 2—5)</p>	<p style="text-align: center;"><input type="checkbox"/> OPTION 2:</p> <p style="text-align: center;">TRADITIONAL THREE PAYMENT PLAN</p> <p style="text-align: center;">(After \$1500 deposit)</p> <p style="text-align: center;">Payment No. 1 Due June 25, 2018 Payment No. 2 Due September 4, 2018 Payment No. 3 Due January 3, 2019</p> <p style="text-align: center;">\$3192.67 (Kindergarten) \$4158.67 (Grade 1) \$4668 (Grades 2—5)</p>	<p style="text-align: center;"><input type="checkbox"/> OPTION 3:</p> <p style="text-align: center;">TEN MONTHLY PAYMENTS THROUGH FACTS MANG. SYSTEMS</p> <p style="text-align: center;">(After \$1500 deposit)</p> <p style="text-align: center;">Payment No. 1—10</p> <p style="text-align: center;">\$957.80 (Kindergarten) \$1247.60 (Grade 1) \$1400.40 (Grades 2—5)</p>
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5. **Non-Refundability:** We agree that we must notify the School in writing if, at any time, we decide not to enroll the Student or desire to withdraw the Student from the School. If, at any time, after the date of this Tuition Contract, for any reason, we decide not to enroll the Student, the Student's enrollment is terminated, or the Student is either voluntarily or involuntarily withdrawn from the School, we agree that:

- 1) We will not be entitled to a refund of any amounts designated as non-refundable in this Tuition Contract.
- 2) If written notice is given by April 20, 2018, we will not be obligated to pay Tuition pursuant to paragraph 4.
- 3) If written notice is give after April 20, 2018 but by June 25, 2018, we will be obligated to pay 80% of the Tuition pursuant to paragraph 4.
- 4) If written notice is given after June 25, 2018, we will be obligated to pay the entire Tuition pursuant to paragraph 4.

We shall pay all Tuition and Fees when due, in accordance with the provisions of this Tuition Contract and the Consumer Credit Sale Agreement, if applicable, and will continue to be bound by the terms of such agreements until all such amounts have been received by the School.

6. **Relocation:** If a family relocates more than 50 miles from Charlotte Jewish Day School before the new school year begins, the remaining tuition obligation will be waived.
7. **Default:** Upon breach of our obligations under this Tuition Contract, we agree that the School may accelerate the balance due under the terms of this Tuition Contract, enforce its rights, suspend the Student's enrollment, and withhold transcript and/or grade reports from the Student, from us or any other third party.

8. Tuition Insurance Policy: In view of this obligation, we understand that the Tuition Refund Policy is being required at this time to protect our yearly financial obligations under the terms of the Tuition Contract. This program refunds fees (prepaid and due) in the event of separation according to the terms of the policy.

We have received and read the enclosed information detailing the terms and conditions of coverage concerning this policy. **It is imperative that Item A, B or C below is checked for each child enrolled.** Note: Participation is required unless the full annual charges are paid by June 25, 2018 in which case the Plan is elective.

_____ A. We wish to participate in the Tuition Refund Policy. The yearly premium rate is \$222 (Kindergarten); \$280 (Grade 1); \$310 (Grades 2–5). We authorize the School to process and collect any claim payment to which we are entitled under the Tuition Refund Policy and credit it to our account, paying any excess to us.

_____ B. We do not wish to participate in the Tuition Refund Policy. We understand that it is our responsibility to pay the yearly fees in full by June 25, 2018.

_____ C. We do wish to participate in the Tuition Refund Policy even though our yearly fees will be paid in full by June 25, 2018 in order to protect our financial investment should our child be voluntarily or involuntarily withdrawn from the school.

9. Tuition Assistance: In the event we believe that we cannot pay the Tuition and/or Fees, we may submit an Application for Financial Assistance to determine eligibility for a deferred payment plan or need-based scholarship. The School's ability to grant a payment deferral or to provide such assistance is limited, and all such decisions are solely made in the discretion of a subcommittee of the School's Financial Policy Committee. Eligibility is determined by an outside agency on the basis of financial information it receives on behalf of the Student. Applicants requesting assistance must pay all applicable fees and submit the necessary forms, including copies of the most recent paycheck(s), current year's income tax returns, and a letter explaining the need for assistance prior to January 22, 2018 for new students & March 15, 2018 for returning students.

10. Joint & Several Liability: If more than one parent or legal guardian signs this Tuition Contract, each is jointly and severally obligated to pay the full amount owed and to fulfill all obligations herein. The School may enforce its rights under this Tuition Contract against one Applicant and such a waiver or release will not extend or extinguish the liability of the other Applicant.

11. Assignability: We may not assign our obligations under the terms of this Tuition Contract to any other party without the written consent of the School. Any such assignment shall be null and void. The School may assign its right to collect payments or enforce its other obligations to any third party without the consent of the Applicant.

12. Waivers: We waive our rights to require the School to do the following: (a) to demand payment of amounts due (known as "presentment"); (b) to give notice that amounts due have not been paid (known as "notice of dishonor"); and (c) to obtain an official certification of non-payment (known as "protest"). No failure by the School to insist upon the strict performance of any provision contained in this Tuition Contract, or to exercise any right or remedy available upon a breach or any subsequent breach of such provision, shall act as a waiver of any rights or remedies under this Tuition Contract. No obligation, covenant, agreement, term or condition of this Tuition Contract, and no breach of this tuition Contract shall be waived, altered, or modified, except by written instrument. No waiver of any breach shall affect or alter this Tuition Contract, but each and every obligation, covenant, agreement, term, and condition of this tuition Contract shall continue in full force and effect with respect to any other then-existing or subsequent breach of this Tuition Contract. We understand that the School may grant waivers or make policy exceptions from time to time to accommodate special circumstances. No waiver or other accommodation for any other person shall affect or alter this tuition Contract or imply that a similar waiver or accommodation will be granted to any other person.

13. Release: To the fullest extent permitted by law, we, on behalf of ourselves and on behalf of the Student, hereby release and hold the School, its agents, and employees harmless from all claims, damages or other liabilities for injuries to the Student, his/her parents, or legal guardian also hereby agree to indemnify and hold the School harmless for any damages incurred by the School or any third party as a result of actions taken by the Student or his/her parents or legal guardians.

14. Entire Agreement: This Tuition Contract contains the entire agreement between the Applicant and the School concerning the subject matter hereof, and no oral or written statements not specifically incorporated herein by reference shall be of any force and effect. No modification or waiver of this Tuition Contract shall be binding on either party unless set forth in a document executed by these parties or a duly authorized agent. This Tuition Contract benefits the School, its successors and assigns, and binds the Applicant, his or her heirs, personal representatives and assigns. If any provision of this Tuition Contract shall for any reason be held to be invalid or unenforceable, such determination shall not affect the enforceability of the remaining provisions of this Tuition Contract.

15. Giving of Notices: Any notice that must be given to the Applicant under this Tuition Contract will be given by delivering it or by mailing it by first class mail addressed to the Applicant at the address contained in this Tuition Contract. Any notice that must be given to the School under this note will be given by mailing it by first class mail to the School's principal place of business.

16. Governing Law: This Tuition Contract shall be governed in accordance with the laws of the State of North Carolina.

17. Effectiveness: This Tuition Contract shall become effective when executed, dated and delivered by all parties hereto.

WE UNDERSTAND THAT AFTER JUNE 25, 2018, OUR OBLIGATION TO PAY ALL FEES FOR THE FULL ACADEMIC YEAR IS UNCONDITIONAL AND THAT NO PORTION OF SUCH FEES SO PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED NOTWITHSTANDING THE SUBSEQUENT ABSENCE, WITHDRAWAL, OR DISMISSAL FROM THE SCHOOL OF THE STUDENT NAMED ON THIS TUITION CONTRACT.

We affirm that we have read, understand and accept the terms and conditions of this Tuition Contract, and the terms and conditions of the Consumer Credit Sale Agreement, if applicable.

Signature of Responsible Party—Parent/Guardian 1

social security number for payment plan enrollees

Printed Name

Date

Signature of Responsible Party—Parent/Guardian 2

social security number for payment plan enrollees

Printed Name

Date

ACCEPTED BY CHARLOTTE JEWISH DAY SCHOOL:

Signature

Date

Admission is without regard to race, creed, color, sex or national origin.



5007 Providence Rd Building E Suite 110 Charlotte, NC 28226 704-366-4558 www.cjdschool.org

2018-19 CJDS TUITION REFUND POLICY

An enrolled student at Charlotte Jewish Day School (CJDS) is enrolled for the full academic year, with no tuition adjustments due to withdrawal, absences, or dismissal of a student. Additionally, the School has annual obligations such as classroom resources, utilities, payroll expenses, and professional salaries, for which CJDS has committed to an annual financial obligation. Therefore, in the best interest of the parents and for the financial protection of the school, the Board of Directors has authorized a Tuition Refund Policy to refund the payment of the tuition obligation in the event that a student leaves the school before the end of the academic year. The Policy will be administered by Charlotte Jewish Day School.

The Policy is mandatory for all parents who do not pay the total annual charges by June 25, 2018. Participation is optional for those who have paid the total annual fee by June 25, 2018. The annual cost is as follows:

- Kindergarten \$222
- Grade 1 \$280
- Grade 2—5 \$310

The purpose of the policy is to provide some protection to parents regarding their financial obligation of tuition. The Refund Policy provides a pro-rated tuition refund payable to the school in the event of the withdrawal of a student for medical causes, withdrawal for other reasons, or dismissal by the School. The Policy is implemented as follows:

- August 1, 2018: The Refund Policy become effective in the event of the student’s inability to attend school due to a covered medical reason.
- Non-medical coverage, such as voluntary withdrawal and dismissal, is refunded after the student has attended fourteen(14) consecutive calendar days of class, beginning with the student’s first class day.

The reverse side of this document addresses benefits, definitions, and exceptions to the Policy. In addition, please read the information regarding the Policy that appears in the Tuition Contract and check Box “A” or Box “B” on the Tuition Contract. Box “C” is optional for parents who have paid the total annual charges by June 25, 2018. (continued on reverse side)



PLEASE ENCLOSE A SEPARATE CHECK FOR TUITION REFUND POLICY, MADE PAYABLE TO CJDS.

Child(ren)’s Name(s): (Please print) _____

Child(ren)’s Grade(s) in 2018-19: _____

CJDS Tuition Refund Policy Benefits, Definitions and Exceptions

Medical Absence or Withdrawal	If an injury or sickness forces the student to withdraw from school or the medical absence lasts for 31 or more consecutive days, 100% of the unused yearly fee will be reimbursed. Benefits are paid retroactive to the first day of medical absence.	$\frac{\text{Days Absent} \times \text{Yearly Tuition}}{\text{Actual Calendar Days in School Year}}$
	If a student withdraws from school or is absent for 31 or more consecutive days due to a mental/nervous disability, as referenced in DSM IV, 60 of the unused annual fees will be refunded.	$\frac{60\% (\text{Days Absent} \times \text{Yearly Tuition})}{\text{Actual Calendar Days in School Year}}$
Non-Medical Withdrawal	If a student withdraws after attending more than fourteen consecutive calendar days, beginning with the student's first class day of attendance in the academic year, 60% of the unused annual tuition will be refunded.	$\frac{60\% (\text{Days Withdrawn} \times \text{Yearly Tuition})}{\text{Actual Calendar Days in School Year}}$
Dismissal	If a separation occurs due to dismissal, 75% of the unused annual tuition will be refunded provided the student has attended more than fourteen consecutive calendar days beginning with the student's first class day of attendance in the academic year.	$\frac{75\% (\text{Days Withdrawn} \times \text{Yearly Tuition})}{\text{Actual Calendar Days in School Year}}$

Definitions

Dismissal: The complete, involuntary severance from classes by the school administration for academic or disciplinary reasons for the remainder of the school year.

Non-Medical Withdrawal: Complete, voluntary severance from classes for the balance of the school year

DMS IV: American Psychiatric Association's Diagnostic and Statistical Manual

Medical Absence or Medical Withdrawal: Complete, involuntary severance from classes as certified to and regularly treated during the school year by a legally qualified medical practitioner, not related to the student

Calendar Year: The actual calendar days in the school year, beginning with the first day of formal academic instruction and ending with the last day of formal instruction

Exclusions from the Plan

Excluded for Medical and Non-Medical Benefits: Any and all Force Majeure which create an inability of the school to operate and provide formal academic instruction including closure for any reason. This includes any hostile or war-like action or terrorism, rebellion, riot or civil commotion; any nuclear reaction, radiation, or radioactive contamination; epidemic outbreaks as cited by the local health department within the school or within the community.

Excluded under Medical Benefits: Alcoholism or use of alcohol; suicide or intentionally self-inflicted injury or self-inflicted sickness; use of any drug, narcotic or agent which is similarly classed or has similar effect unless given by and while under the care of a doctor; injury or sickness for which medical care was received with 180 days prior to the effective date; epidemic outbreaks as cited by the local health department with in the school or within the community.

Excluded under Non-Medical Benefits: Temporary non-medical absences; suspensions; changes from resident to day status or schedule reduction; boycotting of classes by the student; completion of academic requirement or early graduation; any withdrawal or dismissal prior to or within the first fourteen consecutive calendar days beginning with the student's first class day of attendance in the school year.

Charlotte Jewish Day School's philosophy of behavior management is grounded firmly in the belief that children thrive in a positive and affirmative atmosphere. Setting reasonable and fair limits for behavior and describing and reinforcing desired behaviors are more effective methods than criticism and punishment. Natural consequences, time out, behavior modification, and conferences with parents and students are used consistently by the entire faculty to bring about necessary changes of inappropriate behavior.

Charlotte Jewish Day School reserves the right to dismiss any student who persistently and willfully neglects his academic work, exercises poor citizenship, reflects adversely on the principles of the school, or engages in behaviors or a lifestyle inconsistent with the guidelines promoted by the school.

General expectations for student conduct include:

1. Students will respect teachers, other students, and school property.
2. Students will maintain an atmosphere conducive to learning.
3. Students will maintain safety standards.

The following behaviors violate school policy and are subject to immediate dismissal, at the discretion of the Director:

1. Leaving classroom or school without permission
2. Vandalizing, damaging, or stealing school or private property
3. Possessing weapons or illegal substances

The following behaviors violate school policy and are subject to the progression of meetings outlined below:

1. Showing disrespect towards adults or peers
2. Using improper language or name-calling
3. Sharing or discussing sexually suggestive material or language
3. Running, pushing, shoving, or yelling
4. Disrupting the learning process
5. Fighting
6. Threatening, intimidating, or causing harm to any person

The progression of meetings for managing inappropriate behaviors is as follows:

1. Teacher-Student Conference (Time allowed for progress or improvement is no longer than two weeks.)
2. Parent-Teacher Conference (Time allowed for progress or improvement is no longer than one month.)
3. Parent-Teacher-Director Conference (If the Director requires an outside professional to be consulted, that professional must contact the Director within two weeks of the initial consultation with a written plan to follow within four weeks. **Failure to comply with the request of the Director will result in immediate dismissal.** Some progress or improvement needs to be seen within three weeks after the plan has been implemented.)

The school will make every attempt to work with the student, the parents, and the appropriate professionals to help the student. When, in the judgment of the Director, all available resources and efforts have been exhausted, the Director may make a decision to dismiss a student.

I have read, understand, and agree to abide by the behavior policy of Charlotte Jewish Day School.

Student's Name (please print)

Signature

Grade

Parent's Signature

Date



5007 Providence Rd. Building E Charlotte, NC 28226 704-366-4558

PARENT AUTHORIZATION

Student's Name: _____ Month & Year Student will Enroll: _____

I. Student's Medical History:

Please list any illnesses, diseases, operations, or physical disabilities that would help us work more effectively with your child in the classroom or in the physical education program: _____

Does your child receive medication on a regular basis? If yes, please explain: _____

Does your child have allergies? If yes, please list all allergies: _____

Please list any information that may directly affect the safety or medical treatment of your child (use the back of this page if more space is needed.) _____

II. Medical Care:

In the event our child becomes ill or is injured while under school supervision, we agree that the school authorities shall first contact the responsible parent or guardian. If this person cannot be reached, the school shall contact our child's physician and follow his or her instructions. If our child's physician cannot be reached, the school will use their own discretion in contacting a properly licensed and practicing physician and will follow his or her instructions. If, in the opinion of the physician, our child needs medical or surgical services which require our consent before being supplies and we cannot be reached, we hereby authorize, appoint, and empower the school authorities to furnish on our behalf such written or oral authorization as may be required. We release the school employees, trustees, and Charlotte Jewish Day School from any liability which may arise from the giving of such authorization, it being our desire that our child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

I hereby authorize the school to supply medical care as needed for my child including the administration of allergy medications, such as Epi-Pens, etc., according to the student's prescription from a licensed practitioner or other minor medical care as determined to be appropriate by the school. I authorize the school to administer over-the-counter medications if and as indicated on the student health form.

I authorize the school's educators to meet and counsel with my child regarding emotional, social or family circumstances and release and hold the school harmless from any liability which might arise from the provision of such medical care or counseling services.

Child's Doctor: _____ Phone No. _____

First Choice Hospital: _____

Both parents, please initial: _____

(continued on the back of this page...)



5007 Providence Rd. Building E Charlotte, NC 28226 704-366-4558

PARENT AUTHORIZATION

Continued...

III. Field Trip Permission:

We grant permission for our child to go on field trips authorized by the school and to participate in school activities, both at and away from school.

Both parents, please initial: _____

IV. Photography & Images:

We grant permission for my child's first name or nickname, photograph, voice, or image to be used by the school for use in the school's publications, promotional materials and website, without compensation and without prior notice. We release and hold the school harmless from any liability stemming from the use of the student's first name or nickname, photograph, voice, or image.

Both parents, please initial: _____

The information on this form is true and correct to the best of my knowledge.

Signature *Date*

*THIS SPACE INTENTIONALLY LEFT BLANK SO YOU MAY LIST BELOW MORE DETAILED INFORMATION
REGARDING YOUR CHILD'S MEDICAL INFORMATION*

PARTNERSHIP AGREEMENT

This Partnership Agreement, dated as of _____, 20 ____, is between Charlotte Jewish Day School ("CJDS") and the undersigned ("You") and involves certain conditions of the enrollment of _____ ("the Student") at CJDS.

Background

CJDS operates with the philosophy that children thrive in a positive and affirmative learning atmosphere and that every child is individually gifted. One of our primary goals is for parents, teachers, and students not only to acknowledge and appreciate students' various styles of learning, but also to celebrate those differences. CJDS believes that the education process is a cooperative undertaking among CJDS personnel, parents, students, and at times, outside consultants retained by the parents and/or CJDS. Therefore, the educational philosophy, objectives, and policies of CJDS must receive the full support of the parents and students. As part of this support, CJDS requires honest and open communication among parents, teachers, CJDS personnel, and all outside professionals. This Partnership Agreement states your agreement to assist CJDS in this process.

Statement of Agreement

In order to maintain a productive learning environment, CJDS requires that each of its students engages in appropriate behavior and maintains acceptable academic progress. Appropriate behavior and acceptable academic progress are described in detail in the parent handbook provided to You in connection with this Partnership Agreement.

In the event that the Student fails to engage in appropriate behavior or to maintain acceptable academic progress or any other circumstances give rise to the need for internal and/or external intervention, guidance, and assistance, You agree to cooperate with CJDS in adhering to the procedures outlined in this Partnership Agreement.

1. Except in special circumstances as determined in the sole discretion of the Director of CJDS, the procedure for addressing behavioral or academic challenges is as follows:
 - Teacher-Student Conference
 - Teacher-Parent Conference, which will be held if progress or improvement is not evident within two weeks after the Teacher-Student Conference (or such shorter period of time as CJDS may determine if the Student's conduct is disruptive). During this conference, the Teacher may ask for any information, evaluation, or reports, past or present. In this event, You agree to comply with this request and deliver this information to the Director as soon as reasonably possible, but in no event later than one week after the date of the request. Parents will also furnish any necessary releases that enable the Director or Teachers to receive guidance from professionals who have been involved with the Student. You acknowledge and agree that failure to comply with a Teacher's request is cause for immediate dismissal of the Student.
 - Teacher/Parent/Director conference, which will be held if significant progress or improvement is not evident within one month after the Teacher/Parent Conference (or such shorter period of time as CJDS may determine if the Student's conduct is disruptive). If there has been no previous outside consultation for this issue, the Director may require that an outside professional be consulted at your expense. The consultation should be scheduled as soon as reasonably possible, and You agree to report the date of the appointment to the Director within one week. The professional must contact the Director within two weeks of the consultation with a written plan to follow within four weeks.

You acknowledge and agree that failure to comply with the Director's request is cause for immediate dismissal of the Student. During this process, CJDS will make all reasonable attempts to work with You and any outside professionals selected by You to help the Student. When, in the discretion of the Director, all reasonably available resources and efforts have been exhausted and the underlying problem still has not been resolved, the Director may make the decision to dismiss the Student. Regardless of any dismissal or voluntary withdrawal of the Student from CJDS, You will remain responsible for the full tuition for the then current academic year.

2. You agree that the Director may initiate communication about the Student with any medical, mental health, therapeutic and/or educational professionals (collectively, "Medical Professionals") who have previously treated, interacted with, or been consulted regarding the Student. In addition, You agree to provide all necessary cooperation to facilitate the Director's communications with such Medical Professionals, including, without limitation, signing all consent or approval forms required by the Director or the applicable Medical Professional in order to allow such communications as well as to authorize the release of all information regarding the Student.
3. All confidential information that CJDS receives from Medical Professionals relating to the Student as well as all medical information that You provide to CJDS directly will be kept confidential. Without the consent of a parent or legal guardian of the Student, CJDS shall not use any such information for any purpose except in connection with the evaluation, treatment, and review process for the Student, and CJDS shall not disclose any such information other than to CJDS employees or consultants involved in such process or as required by law. In order to maintain appropriate confidentiality, all such confidential information shall be retained in locked file cabinets and shall only be accessible with the Director's permission.
4. You agree to inform CJDS in writing of all medications that the Student is currently taking, as well as all medication prescribed during the course of the year.
5. Parents agree as a condition of enrollment to uphold and support the school and its policies at all times. It is expected that parents will not use social media to express dissatisfaction, to criticize, or belittle the school or its employees in any way.

CJDS reserves the right to amend and revise this document from time to time at its discretion. You will be given timely notice of any such revision.

By signing your name below, you acknowledge that you have read, understand, and agree to the terms of this Partnership Agreement.

Charlotte Jewish Day School

Name _____ Title _____

Mother or Legal Guardian's Signature

Father or Legal Guardian's Signature



2018-2019 Lunch Program Registration Form

The CJDS lunch program gives your child the daily option of 3 well-balanced, healthy meals for just \$350 for the school year!

There will be 3 offerings per day:

- Salad Bar: (sample items include varieties of lettuce; shredded cheese; tomatoes; cucumbers; black beans; chickpeas; pickles; tuna salad; hard boiled eggs; pasta.) All salad bar meals will be served with a fruit dessert.
- Soup: (sample items include tomato basil; French onion; vegetable soup; matzo ball soup.) All soup will be served with a roll or sandwich and a fruit dessert.
- Hot lunch will include a main entrée item, vegetable and dessert. Sample items include:
 - Pasta with sauce and veggies with garlic bread
 - Cheese quesadilla with broccoli
 - Fish sticks, mashed potatoes, cherry tomatoes
 - Soy Chicken nuggets, tater tots, fresh fruit
 - Egg Salad or Tuna Salad wraps
 - On Mondays, meat will be served.
- Desserts will be fresh fruit, applesauce or similar item. Sweets will be offered on Friday in honor of Shabbat.

The weekly menu will be published in the Monday morning email however, occasionally it may change without notice. Each child's tray will be filled with the item of their choice, the fresh side item, and the fruit or Friday dessert.

The \$350 lunch fee can be added to your tuition payment or paid in advance. **Families will not be able to order lunch on individual days. Instead families will be asked to order for the year** or commit to sending their children with a lunch from home on a daily basis.

Forgotten lunch passes will be available for \$8 if you do not participate in the program and forget lunch at home. Families will be billed monthly.

Questions? Contact Barbara Foxx: bfoxx@cjdschool.org or 704-366-4558

LUNCH REGISTRATION FORM 2018-2019

Please complete this form and return it to the CJDS by: **TUESDAY, MAY 15, 2018**

LUNCH PROGRAM:

Monday – Friday CJDS hot lunch program

Cost for the year: \$350

Please list each student individually on a line.

Student's first and last name	Yes I am interested! Please bill me!	Yes I am interested & have enclosed payment!	Yes I am interested! Please roll payment into tuition!



CJDS Morning Bus Program

**Please complete this form and return it to the school by
Tuesday, May 15, 2018.**

TRANSPORTATION PROGRAM:

NEW! The CJDS school bus will pick up students at the following bus stops:

1. The Promenade at Providence @ 7:00am
2. Regal Movie Theater at the Stone Crest shopping plaza @7:10am
3. The Arboretum @ 7:20am

Note: mornings only...no afternoons.

Please list each student individually on a line.

Cost for the year: \$600 if paid by May 15th. \$700 after June 15th. Ask about sibling discount!

Student First & Last Name	Preferred Bus Stop	Yes, I am interested! Please bill me!	Yes, I am interested & have enclosed payment	Yes, I am interested. Please roll payment into my tuition.