



Kadima Pre-Kindergarten Program
Alternatives in Jewish Learning for All Ages

12353 8th Ave. NE, Seattle, WA 98125
 Phone: (206) 547-3914 office@kadima.org www.kadima.org

KADIMA Preschool Program Enrollment Form 2009-2010 (pages 1-2)

How did you learn about this program?

Child's Name

Hebrew Name

1.	
2.	

Medical Information:

Physician _____ Phone (____) _____
 Permission for emergency medical care – see page 6.

Emergency Contacts:

Name	Relationship	Phone number

Field Trip Permission (see page 6)

Keeping grandparents informed:

Would your child(ren)'s grandparents or other adults like to receive information about Kadima (Newsletters, Update, announcements)? If 'yes':

Names _____ E-mail _____
 Address _____ Phone (____) _____

Special needs, allergies, and/or additional information:

Does your child(ren) have special learning needs, abilities or medical conditions? No Yes. If yes, please explain:

Does your child(ren) have any known allergies? No Yes. If yes, please explain:

Does your child(ren) have any dietary restrictions? No Yes. If yes, please explain:

Is your child allergic to peanuts? No Yes

Is there additional information about your child(ren) that would be helpful in ensuring a positive experience in this program? If yes, please explain:

Or, call the Education Director at (206) 547-3914 to personally discuss issues.

KADIMA Preschool Program Enrollment and Registration 2009-2010

Program TUITION 2009-2010

CLASS	Tuition	Annual Materials Fee
Kadima Preschool; Pre-Kindergarten Program	\$360 [includes parent(s) and/or grandparent(s) participation]	\$36

*Minimum enrollment per class: 5 students. Classes with less than 5 will have a higher fee.

Kadima Membership Options

Please check one:

- We are current Kadima members and have already turned in our 2009-2010 membership application and billing information.
- We choose to join Kadima at the recommended membership rate and will fill in our Membership Pledge information in the section below.
- We choose to take advantage of the \$180 Introductory Membership offered only to Kadima Preschool families.
- We prefer not to become Kadima members and are registering for the Kadima Preschool Program only.

TOTAL MEMBERSHIP & TUITION FEES 2009-2010:

\$ _____ Recommended Membership Pledge is 1.5% of 2008 gross household income. *(Pledge an amount that is feasible for you. No one will be turned away.)*

\$ _____ Special Introductory Membership for Kadima Preschool families (\$180).

\$ _____ Total Tuition Costs for Household **(from the section above)**.

\$ _____ \$36 annual materials fee per family (please remember to include this).

\$ _____ "Tax Deductible Donation" (Suggested: \$50 \$100 \$250 \$500 \$750 Other).

Add to invoice, apportioned over the year Enclosed

\$ _____ **TOTAL**

_____ Scholarship requested.

Please return this form with a \$54 registration deposit, it will be applied to your account.

Payment Plan:

Bill me monthly Credit card Payment in-full enclosed Need to discuss a payment plan

Credit Card # _____ Exp. date ____ / ____

Name on card _____

Alternate arrangement needed (please explain):



RECONSTRUCTIONIST COMMUNITY

Kadima Registration (pages 4-7)

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KADIMA Membership Application 2009-2010

New member: How did you hear about Kadima? _____

Child(ren)'s Last Name _____

Adult 1 (Last) _____ (First) _____

Home address _____

City _____ ZIP _____ E-mail _____

Home phone (____) _____ Day phone (____) _____ Cell (____) _____

Occupation: _____ Birth date _____

Adult 2 (Last) _____ (First) _____

Home address _____

City _____ ZIP _____ E-mail _____

Home phone (____) _____ Day phone (____) _____ Cell (____) _____

Occupation _____ Birth date _____

Anniversary, if applicable _____

Enrolled child(ren) resides with: Both adults Adult 1 Adult 2

Family Information (if new information to Kadima):

Child: _____ Birth date: _____ Kadima student? __ Yes __ No

Child: _____ Birth date: _____ Kadima student? __ Yes __ No

Child: _____ Birth date: _____ Kadima student? __ Yes __ No

Yahrzeit (death anniversary) dates:

Name: _____ Date of Death: _____ Relationship: _____

Name: _____ Date of Death: _____ Relationship: _____

Name: _____ Date of Death: _____ Relationship: _____

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KADIMA Membership Involvement 2009-2010

Kadima requests nine volunteer hours per year from each adult member.

Adult #1 name & initials _____

Adult #2 name & initials _____

Adult #3 name & initials _____

Adult #4 name & initials _____

Please indicate with your initials in the boxes below your volunteer choices.
 If your group needs to begin its work during the summer, we will contact you ASAP.
 Kadima requests nine volunteer hours per year from each adult member.

<p>Community Engagement Marketing and outreach Strengthening our community Defining our community Defining ourselves as Reconstructionists</p>	<p>Religious Rituals Defining our religious practice Prioritize holidays Life cycle events Spiritual leadership Working on liturgy</p>	<p>Community Celebrations & Events Planning Set up and/or clean up Food/supplies procurement Arts & Crafts help</p>
<p>Learning for Children, Youth and Adults Education Committee Field-trip driving and/or escort During-school holiday celebrations Adult Education</p>	<p>Tikkun Olam Defining format and structure Tikkun olam learning for all ages Organizational connections to maximize options Tikkun olam project ideas</p>	<p>Note other areas with which you'd like to help:</p>

Are you interested in a neighborhood Chavurah? YES NO
 (A chavurah is a group that shares a common connection and meets to socialize or to work toward a common goal. We try to put them together by neighborhood or when families have kids of similar ages.)

KADIMA MEMBERSHIP CONTRACT 2009-2010

MEMBER INVOLVEMENT EXPECTATIONS

I/We understand that Kadima relies heavily upon member involvement, and that in the absence of such involvement, Kadima cannot fully carry out its mission and programming. I/We agree that our household will contribute at least 9 hours per adult in our household during the year. **ALL MEMBERS ARE ASKED TO PARTICIPATE IN THIS PROGRAM.**

TUITION REFUND POLICY AND SCHEDULE

If a family withdraws from Kadima Preschool Family Program prior to October 25, 2009, the family will only be responsible for payment of the tuition deposit of \$54. Membership is non-refundable

Because staffing is based on the number of students and families enrolled in classes and programs, families who withdraw from Kadima Preschool after October 25, 2009, will be responsible for payment of tuition on a prorated basis.

PENALTIES FOR LATE PAYMENT

I/We will pay a \$35.00 charge for all checks returned by the bank for nonpayment. If payment needs to be deferred due to family financial changes, I/we agree to discuss this with the Kadima office **on or before the date payment is due**, and all late charges and interest may be waived. **Any fees outstanding from the previous year must be paid prior to the start of the new school year.**

PERMISSION FOR EMERGENCY MEDICAL CARE

I/We give permission for my/our child(ren) to receive basic first aid while at Kadima. I/We consent to emergency medical, surgical, and hospital treatment by a licensed medical emergency team, physician, or hospital (including transport by aid car or ambulance) when deemed immediately necessary to guard my/our child(ren)'s health while at Kadima, and I/we cannot be contacted. I/We waive my/our right to informed consent for such treatment.

PERMISSION FOR FIELD TRIPS

I/We give permission for my/our child(ren) to attend Kadima field trips, and understand that transport will be by parent carpool, public transit, or walking. Parents will be notified of any field trips in advance. Teachers are required to notify the Education Director if they are taking students off the grounds of the Kadima House/Seattle Jewish Community School.

PERMISSION FOR PHOTOGRAPHY AND PUBLICITY

_____ Please initial here to allow Kadima to put photographs of your child(ren) on the Kadima website or in other publicity materials for educational and advertising purposes.

_____ Please initial here to allow Kadima to put photographs of you that may appear in on the Kadima website or other publicity materials for educational and advertising purposes.

BEHAVIOR EXPECTATIONS & STANDARDS FOR DISMISSAL (see page 5)

Kadima reserves the right to dismiss a child from the school if:

- 1) Financial obligations are not met;
- 2) All steps of the behavior contract have been exhausted (see page 5) or for poor attendance;
- 3) Kadima determines at its sole discretion that the child's enrollment may jeopardize the safety and well-being of the students and staff.

I support Kadima's values and agree to the terms of this enrollment form and contract as provided above.

Signature

Date

Signature

Date

Please sign this copy and return it to the office.

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BEHAVIOR EXPECTATIONS & STANDARDS FOR DISMISSAL (see page 5)

Kadima reserves the right to dismiss a child from the school if:

- 4) Financial obligations are not met;
- 5) All steps of the behavior contract have been exhausted (see page 5) or for poor attendance;
- 6) Kadima determines at its sole discretion that the child's enrollment may jeopardize the safety and well-being of the students and staff.

I support Kadima's values and agree to the terms of this enrollment form and contract as provided above.

Signature

Date

Signature

Date

Please detach this copy. It is for your records.