

**Agency for Jewish Learning  
J-SITE Enrollment Form  
The 2011-2012 Academic Year**

Student Information:

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Family Information:

**PARENT 1:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Congregation: \_\_\_\_\_

Marital Status (Circle One): Married Partner Separated Divorced Widowed

This is the student's main house of residence: YES or NO

**PARENT 2:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Congregation: \_\_\_\_\_

Marital Status (Circle One): Married Partner Separated Divorced Widowed

This is the student's main house of residence: YES or NO



## J-SITE Emergency Information

*Please fill out ALL of the following information (one form for each teen)*

Teen's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Emergency Contacts (other than parents)

Contact 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical and Related:

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Medical Insurance Plan Name: \_\_\_\_\_

Contract/Group/ID Number: \_\_\_\_\_

## AJL MEDICAL RELEASE FORM

I hereby give permission for such diagnostic, therapeutic and operative procedures as may be deemed urgent and necessary by the resident physician or other health care professions to be performed for my teen.

I additionally authorize that a photocopy of this authorization is as valid as the original for purposes of obtaining emergency treatment.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_



**J-SITE Student Health Needs**  
***Confidential***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Are there any ***medical conditions*** we should know about at J-SITE? YES NO

If yes, please describe and related medicines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any ***allergies*** we should know about at J-SITE? YES NO

If yes, please describe and related medicines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any ***physical issues*** we should know about at J-SITE? YES NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any ***social or emotional issues*** that might affect your teen's learning or behavior at J-SITE? YES NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My teen has an IEP (for any learning exceptionalities including Gifted)

\_\_\_\_\_ My teen has a Special Service Agreement (504)

\_\_\_\_\_ I would like to be contacted by the Director of Teen Education to confidentially discuss the needs of my teen

Please list and explain any other concerns you have regarding the health or wellbeing of your teen as it relates to their experiences at J-SITE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agency for Jewish Learning  
2011-2012 RELEASE FORM**

I hereby give permission for my child(ren) to attend classes and programs through the Agency for Jewish Learning (AJL). While I understand that the AJL strives to maintain a safe environment for its participants, I also understand that there are inherent risks in some of the activities with which my child may be involved. Accordingly, I, on behalf of myself and my minor child, agree that the AJL shall not be legally responsible for my child's personal health, or any injury of any kind. I hereby release the AJL, its partnering agencies, volunteer locations and the staff of any of these organizations from any liability to me, any member of my family, or my property arising from or in connection with the AJL programs or activities. I also assume responsibility to inform the AJL prior to September 1, 2011 if my child has any specific medical needs. In the event of an emergency, I give permission to the AJL to facilitate proper medical care as it deems reasonably necessary while efforts are made to reach me. In the event there is a claim against the AJL as a result of any conduct of my child, I agree to indemnify and hold the AJL harmless from such claim even if such claim is alleged to arise in whole or in part from the negligence of the AJL or any of its agents, staff, or employees.

In addition, I give my child(ren) permission to attend all field trips sponsored by the Agency for Jewish Learning for the 2011-2012 school year?

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**J-SITE STUDENT BEHAVIOR CONTRACT**

Rules to be followed while in attendance at J-SITE:

1. Student is to demonstrate respect for all members of the staff and fellow students at all times.
2. Student is expected to bring appropriate books and materials to class.
3. Student may not cut any class or leave school grounds during school hours unless parent/guardian permission has been received by an administrator or the student is participating in a school field trip.

For numbers 1, 2 and 3, the following is the procedure for handling violations to these rules.

- 1st Violation: warning
- 2nd Violation: call parent(s) and indicate that as a result of the student not conducting himself/herself the student will perform three hours of community service, the nature of which will be determined by the Administrator.
- 3rd Violation: parent conference with an administrator, student and teacher
- 4th Violation: removal from the program

(Form continues on reverse side)→

4. The AJL rents space in multiple locations. Students are expected to treat this space with respect. Any damages caused by a student to the property of the AJL or any spaces used for the J-SITE programs will become the liability/financial responsibility of the student's parent(s)/guardian.
5. Student may only bring guests with parent/guardian permission. Confirmation of such permission is up to the discretion of the administration.
6. Possession of tobacco, alcohol, drugs, firearms or other weapons is prohibited by any student and is cause for immediate suspension.

I understand the rules of J-SITE and the consequences for violating the rules as listed on the J-SITE Student Behavior Contract and agree to follow the rules.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **J-SITE GRADING SYSTEM**

- Students who are taking Hebrew for high school credit will continue to receive letter grades.
- Students who are taking Judaica classes for college credit will also continue to receive letter grades.
- All other students will receive either “CR” for credit, “U” for unsatisfactory, or “NC” for No Credit.
- Students whose attendance is less than 70% in a course will automatically receive a NC for the class. Students whose attendance is less than 80% attendance for a Gratz course will automatically receive a NC for the class.
- Students who receive a “U” will have attended enough classes to pass, but will have not performed the work to satisfaction or will have behavior issues in which the teacher deems a U is necessary. This will be indicated to the student and parent in the comment section. Parents will be contacted prior to the end of the semester if a student is in danger of receiving a “U”.
- Students who receive NC for a class will not get credit for this class. This means the class will not count towards a J-SITE certificate, for a Communiteen Certificate, towards IMWise or the Conservative Movement Teaching Certificate, as well as college credit.
- Report cards will list class name, whether or not they received credit, a percentage of attendance and a comment from the teacher.
- If a student receives “NC” he/she is given the option (either before the report cards are issued or after) to make up the work with extra credit work given to the student by the teacher and deemed acceptable by the teacher and/or the J-SITE director.
- Students will be allowed one excused absence each semester, with the approval of the J-SITE director. An excused absence is one in which the student is not at J-SITE because they are participating in another Jewish activity.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

## 2011-2012 J-SITE Program Selection and Payment Form

If you know how many hours or which program your teen would like to attend this fall, please fill in the information below. The full course catalogue will be available in June.

Teen's Name	Program Letter from Worksheet	Price
	Reel to Real	\$150
	<b>Program Cost</b>	

Sub Total: \_\_\_\_\_  
 5% early bird discount if received by July 15, 2011: -- \_\_\_\_\_  
 Gift Certificate: -- \_\_\_\_\_  
**Family Total:** \_\_\_\_\_

**Payment Plans:**

\_\_\_\_\_ **Pay in Full** – I would like to pay the family total in full today.

\_\_\_\_\_ **3 Payments** – I would like to pay the first of three payments today. If I do this, I agree that today I will pay 50% of the family total. In addition, 2 payments (of 25% each) will be due on the first day of November and January.

\_\_\_\_\_ **Financial Aid** – I am applying for financial aid. At this time, a refundable deposit of \$100 is due as well as a completed AJL financial aid form application. (Financial Aid forms are available at [www.ajlpittsburgh.org/j-site.html](http://www.ajlpittsburgh.org/j-site.html))

**Payment Options:**

\_\_\_\_\_ A check is included with this application

\_\_\_\_\_ Please charge my credit card.

Name on credit card: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

(over- both sides **must** be filled out for teen to be enrolled)→

### **J-SITE Parental Agreement:**

I hereby enroll my teen(s) in the J-SITE program at the Agency for Jewish Learning for the 2011-2012 academic year and enclose payment.

1. I agree to pay the full tuition and fees, as applicable, in accordance with the payment option chosen. I understand that once I sign this parental agreement, I am liable for the non-refundable 20 percent of annual tuition.
2. If this application is not accepted, the payment and/or deposit will be refunded.
3. I agree to abide by the AJL's cancellation policy:
  - a. If I withdraw my child within the first 6 weeks of classes, I understand I will be liable for 20 percent of annual tuition. Payments in excess of that amount will be (select one)  
 Contributed as a charitable donation to the AJL  
 Refunded
  - b. If I withdraw my child after the first 6 weeks of classes, I understand that I am liable for 100 percent of the tuition and fees, as applicable. Unused tuition will be recorded as a charitable donation to the Agency for Jewish Learning.
  - c. Deductions or refunds due to extended absence, dismissal or change in number of the program hours are at the discretion of the Executive Director of the Agency for Jewish Learning.
  - d. Notification of withdrawal must be made in writing to J-SITE; 2740 Beechwood Blvd; Pittsburgh, PA 15217 and must be sent by U.S. mail.
4. I give permission for my child's picture to be used for J-SITE and its affiliates' publicity.
5. I will be charged \$30 for any check not accepted by the bank.
6. I give permission for my child to participate in all J-SITE programs, activities and field trips that occur during the school year.
7. I agree that in case of an emergency, J-SITE may make all reasonable efforts to secure and administer treatment(s) including hospitalizations for my child.

I understand and accept the above PARENTAL AGREEMENT:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_