



2018 – 2019 Registration



Staten Island Hebrew Academy
3495 Richmond Road
Staten Island, NY 10306
(718) 987-9700
www.sihebrewacademy.org

Where Rich Legacy Meets Academic Excellence

2018-2019 School Contract

Dear New Parents,

Welcome to the Staten Island Hebrew Academy. We are pleased to enclose the registration materials for the 2018/2019 school year. **Registration materials must be returned by March 30th, 2018.** We encourage you to submit your completed forms and required checks as soon as possible to ensure your child(ren)'s placement.

While you are reviewing the registration materials, we direct your attention to the following:

1. The Initial Payment in the amount of **\$1,000.00** must be included with the registration contract. This payment includes the registration fee, administrative costs and holds a place for your child in the class, as we have limited space per grade. The \$1,000.00 payment is **NOT REFUNDABLE** and is deducted from your overall annual tuition. (New students only) Your deposit is only 100% refundable if your child is not accepted to SIHA based on the results of our in house academic evaluation.
2. Tuition rates include the registration fee and certain other fees and charges as listed below.
Registration after March 30th, 2018 is subject to an additional \$100 registration fee per child in all grades.
3. Child(ren) will only be considered registered for the 2018/2019 school year if the Registration deposit, and any unpaid fees have been submitted. All required forms and checks for tuition and transportation are in by June 1st, 2018. The Building Fund is be paid in full by July 1st, 2018.
4. There is a tuition discount if you have more than one child registered in Pre –K through grade 8. A schedule is attached which explains the discount.
5. For Pre –K , children must be four years old by December 31, 2018.
6. Child(ren) will not be allowed to start classes without the immunization forms submitted. The form can be downloaded from this website directly www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf. Please use the time given to have these forms completed as there will be no exceptions made to this policy. Department of Health requires these forms for admission to school and SIHA needs to be in full compliance with this policy. Child (ren) without the forms will be sent home.

Thank you for selecting the Staten Island Hebrew Academy. If you have any questions, please contact the school office at 718-987-9700. We look forward to educating and nurturing your children.

Sincerely yours,

Rabbi Shlomo Uzhansky
Dean

On the contract, please list all students who will be attending Staten Island Hebrew Academy for the 2018-2019 school year.

If you need additional registration forms for new students, please call the school office at 718.987.9700 and we will be glad to send them to you.

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PRE-K TUITION and FEES

Pre-K **\$ 8,000 (Annual amount per child)**
 \$8,500 (Annual amount if paying by credit card)

* All Fees are **Non-Refundable**, included in the fees are the following:
 Registration fee, administrative costs, books & supplies and holding a Child's place in the class

(Trips and hot lunches are not included)

MULTIPLE CHILD TUITION DISCOUNT**
\$500 per additional child

THE ABOVE-DISCOUNTED AMOUNT APPLIES TO TOTAL TUITION CHARGED TO THE FAMILY BASED ON ALL CHILDREN WHO ATTEND SIHA.

The following are Additional Annual Fees

PTA DUES

\$150.00 per family

On or before the first day of school in September 2018, payable to SIHA PTA, must be remitted and paid. The PTA dues include the following:

- Mandatory lice checks throughout the year
- Contribution towards certain events and/or parties throughout the year
- Growing SIHA library
- Various classroom purchases, such as rugs for classrooms, shelves, storage bins, etc

BUILDING FUND

\$500 per family

(Families with child/ren

only in our Pre K program)

Each family with a child in Pre-k or above will be obligated to pay towards the school's building
 (Maintenance and upkeep included) fund
 The amount of \$500 is due by July 1, 2018

TRANSPORTATION

Pre –K does not qualify for transportation by Pioneer Bus Company

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PRE-K SCHOOL CONTRACT – 2018/2019 SCHOOL YEAR **[PLEASE READ THIS ENTIRE CONTRACT CAREFULLY]**

Parent's Name

Last

Father

Mother

Address _____ Zip _____ Phone _____

Child's Name & Gender (M/F)

Birth date

Grade as of September 2018

A. TUITION: Method of Payment -All checks (other than the Initial Payment) must be received by the school office by **July 30th, 2018**.

We the Parent(s) hereby understand and agree that all fees are **Non-Refundable** and we shall pay to SIHA the following charges according to the method checked (please check all that apply):

INITIAL PAYMENT

/_____/ \$1,000.00 Initial Payment per child is due by March 30th, 2018 (This fee includes the registration fee, administrative costs and holds your Child's place in the class).

ANNUAL TUITION

/_____/ Ten (10) recurring credit card payments from the designated credit card, to be charged the amount of \$700.00 per month, per child, commencing August 1, 2018 and on the **FIRST** day of each month thereafter to and including May 1, 2019, or

/_____/ Ten (10) tuition checks payable on the **FIRST** day of each month beginning August 1, 2018 (this check must be received by SIHA no later than August 5th, 2018) through May 1, 2019, in the amount of \$700.00 per month per child.

BUILDING AND SECURITY

/_____/ \$500.00 per family for the Building and Security fund due by July 1, 2018

/_____/ Ten (10) recurring credit card payments from the designated credit card, to be charged the amount of \$700.00 per month per family, commencing August 1, 2018 and on the **FIRST** day of each month thereafter to and including May 1, 2019, or

*****IN THE EVENT OF ANY BOUNCED OR RETURNED CHECKS AND/OR CREDIT CARD CHARGE, AN ADDITIONAL FEE IN THE AMOUNT OF \$35.00 SHALL BE CHARGED, PER OCCURRENCE.**

B. FEES:

1. Additional fees may be assessed during the school year for various events, programs or items, including special classes (including resource room and enrichment); occasional trips during school hours, in which case parents will be notified in advance, and educational materials which remain the property of the child (e.g. notebooks, workbooks, newspapers and supplementary textbooks).
2. PTA dues - on or before the first day of school in September 2018, an additional fee in the amount of \$150.00 per family, payable to SIHA PTA, must be remitted and paid, the amount includes everything listed on page 4 under PTA Dues

C. AGREEMENT AND UNDERSTANDING OF IMPORTANT ADDITIONAL TERMS:

1. The school reserves the right to require parents to pay all or a portion of their tuition and/or fees in advance of the commencement of the school year.
2. The undersigned hereby enroll the child(ren) named above in the Staten Island Hebrew Academy for the 2018/2019 school year and agree (i) to pay all applicable tuition, fees, and all other charges for the entire 2018/2019 school year regardless of absences, dismissal or withdrawal from the school before the end of the school year, and (ii) that the child(ren) named above may not attend classes or school functions unless (1) all such tuition, fees and other charges are paid in full when due and (2) parent(s) and/or child(ren) are in compliance with the Staten Island Hebrew Academy's rules and requirements. In no event will grades, report cards, transcripts or other school records be released until all tuition, fees and other charges have been paid in full.
3. Staten Island Hebrew Academy reserves the right to photograph or videotape students, parents, faculty and attendees at school events and use or reproduce these photographs and/or video for display, recordkeeping and promotional purposes electronically or otherwise, including, without limitation, posting or uploading to the school's internet website.

YOUR INITIAL PAYMENT OF TUITION AND FEES IS CONSIDERED YOUR ACCEPTANCE AND AGREEMENT OF THIS CONTRACT.

Signature of Both Parents for the Acceptance and Agreement of the Terms herein

Date

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TRIP PERMISSION FORM

2018/2019 School Year

Over the course of the school year, classes will be participating in various educational class trips. While you will be notified of the plans for each individual trip, it is the school's custom to have a yearly general permission slip on file for your child. (Note: You may not be contacted prior to a class going on a neighborhood walking trip.)

Please indicate your permission in the appropriate space below for trips occurring in the 2018/2019 school year.

In addition, we request that parents sign below indicating their knowledge of the regulation that no child is to change their bus assignment (Even for one trip).

Thank you for your cooperation.

1. I hereby give my child _____ in grade _____ my permission to participate in all class trips during the 2018/2019 school year. I reserve the right to withdraw this permission only by notifying the school in writing in advance of a trip.
2. I hereby recognize the regulation that my child is not to change his/her bus assignment. I will make the appropriate arrangement for my child should alternate transportation become necessary.

 Date

 Parent(s) Signature



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Record Release Form-FORM B

As a Parent(s)/Guardian(s) of

Name of applicant: _____

I hereby authorize the release of any and all records, regarding of the above mentioned student to Staten Island Hebrew Academy.

Current School Name _____

School Address _____

Street City State Zip _____

School Phone Number _____ School Website _____

Records to be included for applicants for grades Pre-Kindergarten through 8th Grade are:

Academic Records

Standardized Testing Examination Scores, etc.

Attendance Records

Health Records

Evaluations and/or IEPs (if applicable)

Please send all records for the above named student to:

Staten Island Hebrew Academy

3495 Richmond Road

Staten Island, NY 10306

info@statenislandhebrewacademy.org

Tel: 718.987.9700

Please send records promptly to help us expedite the admissions process.

Thank you.

Signature of Parent(s) or Guardian: _____

Date: _____



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Emergency Contact Form

Last Name		First	M.I.	Date
Male/Female	Date of Birth		Place of Birth:	
Street Address		Apartment/Unit #		
City		State	ZIP	

Father's Information/Male Guardian

Full Name of Father/Male Guardian:

Residence Address:

Name of Employment:

Address of Employment

Work Phone:

Telephone:

Email:

Best number to be reached at:

Mother's Information/Female Guardian:

Full Name of Mother/Female Guardian:

Residence Address:

Name of Employment:

Address of Employment

Work Phone:

Telephone:

Email:

Best number to be reached at:

If school cannot get in touch with either of the above, name a friend or relative who may be called upon if the child is sick in school:

Name	Address	Phone

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL TO DO in case the child is sick or injured? (It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.)

If at any time the above information must be changed, I will notify the Principal in writing.

Signature of Parent or Guardian

Date

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PHOTO AND VIDEO RELEASE

2018/2019 School Year

For good and valuable consideration the receipt of which is hereby acknowledged, the undersigned hereby gives and grants to the Staten Island Hebrew Academy (the "School"), its licensees, agents, successors, assigns, officers, directors, trustees and employees (collectively, the "Grantees"), the right and license to use, publish and copyright my and/or my minor child's voice, picture, likeness, or photograph(s), including negatives and finished product, either alone or accompanied by other material, in any manner and in any media for the purpose of advertising, promoting and publicizing the School. It is understood that materials may appear on the Internet.

I hereby agree that the School is not required to make use of any of the rights granted herein. I further waive all my rights to inspect and approve any finished materials and agree that the School shall be without liability to me and/or my minor child for any distortion or illusionary effect resulting from the publication of my and/or my minor child's voice, picture, likeness or photograph(s). I also waive the right to receive any payment for signing this release and waive the right to receive any payment for the School's use of any of the material described herein.

I represent and warrant that I am over 18 years of age and have the right to make this agreement. If signing on behalf of a minor I represent and warrant that I am the parent/guardian of the minor named below and have the right to execute this Release on his/her behalf. I represent that I have read the foregoing and fully understand its contents.

Signature: _____

Print Name: _____

Address: _____

If Release is on behalf of a Minor:

Minor Name: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____

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