



# Magen Israel Primary School

54 Steamboat Road • Great Neck, NY 11024

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## **Application for Admission** **5780 - 2019/20**

### **Section 1: Child's Personal Details**

LAST NAME		FIRST NAME			
DOB		HEBREW DOB		GENDER	
ADDRESS					
CITY		ZIP			
HOME PHONE		PLACE OF BIRTH			
SOCIAL SECURITY NUMBER					
SCHOOL ATTENDING CURRENTLY					
SYNAGOGUE AFFILIATED WITH		GRADE APPLYING FOR			

### **Section 2: Family Information**

FATHER'S NAME		MOBILE PHONE	
OCCUPATION		WORK PHONE	
FATHER'S EMAIL			
MOTHER'S NAME		MOBILE PHONE	

OCCUPATION		WORK PHONE	
MOTHER'S EMAIL			
EMERGENCY CONTACT 1		RELATIONSHIP	PHONE
EMERGENCY CONTACT 2		RELATIONSHIP	PHONE
PARENTS MARITAL STATUS		LANGUAGES SPOKEN AT HOME	
SIBLING NAME		AGE	SCHOOL ATTENDING
SIBLING NAME		AGE	SCHOOL ATTENDING
SIBLING NAME		AGE	SCHOOL ATTENDING
SIBLING NAME		AGE	SCHOOL ATTENDING
SIBLING NAME		AGE	SCHOOL ATTENDING

**Section 3: Health and Medical History**

DOCTOR		DOCTORS PHONE	
DENTIST		DENTIST PHONE	
ALLERGIES			
REACTION			
TREATMENT			
WAS YOUR CHILD BORN FULL TERM	YES	NO	
DID YOUR CHILD ATTEND PRESCHOOL	YES	NO	PROGRAM

HAS YOUR CHILD EVER RECEIVED SERVICES	SEIT	SPEECH AND LANGUAGE	OT	PT
PLEASE INCLUDE ANY PERTINANT INFORMATION REGARDING YOUR CHILD				

**Registration and Tuition Fees**

<b>Registration:</b> \$750 Non-Refundable Fee Required with Each Application.	<b>Tuition:</b> \$10,000 Includes all tuition and book fees.	<b>Auction Fee:</b> \$100 per family (includes entry to school fundraiser)	<b>PTA Fees:</b> \$200 per child. Covers Teacher Gifts, Extra-Curricular Workshops, Pizza Lunches.	<b>Hot Lunch:</b> \$600 Optional
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**Payment Options:**

**Method 1:** Two Bi-Annual Checks of \$4,750 dated for September 1, 2019 and January 1, 2020

**Method 2:** Ten Postdated Checks of \$950 each dated for September 1, 2019 – June 1, 2020

**Method 3:** Credit Card on File Charged \$950 the first of each month from September 2019 through June 2020.

\*Please note that 4% service charge will be applied to all credit card payments.

I hereby register my child in Magen Israel Primary School.

- I agree to pay the registration and enrollment fee.
- No child is admitted to the program until the Medical Form and the full payment have been received.
- There are no refunds for Absences, Vacations, Withdrawals, illnesses once the school year has begun.
- In the event of an emergency while my child is under the program's supervision, I hereby give permission for the administration to have my child taken to an emergency room or doctor's office for medical treatment.
- My child has my permission to go on trips sponsored by the program. I understand that they will travel by bus or car, accompanied by teacher, staff, parents or volunteers.
- I release the Magen Israel Early Childhood Program from all liability during supervised activities.
- Permission is hereby given for the program to use in promoting the school and in other venture directly relating to the program digital, photographic, video, and audio images or likenesses of the children; and statements, articles, names, music, art, photographs, films and videos created by children or originating from program and program-related activity. I permit the use of my child's photo for promotional purposes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** No applications will be processed until an updated **medical form** and **immunization record** is submitted.

For Office Use: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Accepted  Not Accepted

Registration Fee Received: Yes  No